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LECTURES
ON
MEDICAL PATHOLOGY,
DELIVERED IN THE UNIVERSITY OF PARIS,

BY M. ANDRAL, D.M.P., &c. &c.

LECTURE XVII.
PERVERSIONS OF SENSIBILITY CONTINUED.

VAGUE NERVOUS PAIN OF THE HEAD.

IN the next class, the fifth, of nervous alterations, we meet with examples of the creation of a new sensation, that of *pain*, a condition wholly distinct from increased external perceptibility. Two states of this kind of nervous perversion may be distinguished,—first, that in which the sensation of pain follows, regularly, the trunk and ramifications of some nervous branch; secondly, that in which it occurs in some part of the body, and is not referable immediately to any *particular nervous expansion*. The first of these forms a genus of diseases termed *neuralgiæ*; these we shall by and by consider; at present I shall take up the second variety, namely that in which the nervous pain is vague and indefinite. This order presents, again, several species, which we may conveniently distribute into those affecting the *head*, *chest*, *abdomen*, and *limbs*.

Vague nervous pain of the head, Gentlemen, has been denominated *cephalalgia*, and may exist by itself, as a symptom of other diseases of the brain, its envelopes and cranial appendages. It has, for example, been frequently observed in ramollissement of the cerebral substance, in diseases of the cranial bones, in affections of the sinuses, as the effect of concretions, insects, or worms, in those sinuses, &c. But this is not the cephalalgia which I have here to consider, I am now directing your attention to that kind of pain which is independent of any of these ordinary causes, and which is generally referred by the patient to the external part of the head, and there, usually, to a certain part of the cranium, limited, for example, to one side of the head occasionally, in which case it takes the name of *hemicrania*, from an obvious etymological construction. The name of the affection describes its prominent phenomena, which are purely nervous, and are best combated by internal and external narcotine remedies. Did it depend on inflammation, as some would have us believe, another mode of treatment would certainly be more appropriate, and we should have recourse to venesection and local evacuations. It is true that we often meet with cephalalgia as an affection sympathetic with lesions of function in a great many organs, especially of the digestive tribe. The stomach is often the part principally affected, and undoubtedly may now and then be in a state of irritation or inflammation when it induces this sympathetic cephalalgia; but in the majority of cases the condition is not that of inflammation or irritation, but simply of perverted action. In fact the administration of an emetic will often suffice to dispel the sympathetic headach, as if by a charm; the pasty covering of the tongue at the same time disappears, and the functions of digestion resume their healthy tone. Now had the affection been inflammation, the effect of an emetic would be widely different. There are other characters of cephalalgia, also, both curious in themselves, and of considerable practical importance. It may, for example, assume an intermittent form, and these intermissions be regularly periodical. It may disappear by day, and return in the evening, at a certain hour, or it may return every second day. I had recently a case of this kind in my clinical ward at La Pitie, and the patient was cured by quinine. What is the cause of this curious fact, and what the condition of the brain which gives rise to it, we are completely ignorant of. The *clavus hystericus* is also another form of cephalalgia, to which I shall have presently to advert; but I will first call your attention to the important modification of cephalalgia, termed *migraine*, an affection with which you will constantly meet in practice, and

which will embarrass you a thousand times more than the imaginary gastrites about which you hear so much.

MIGRAINE.

The leading phenomena of *migraine*, are an internally acute pain, ordinarily confined to one side of the head, often commencing at the back of the eye, thence spreading to the temple and vertex. It is remarkable for disappearing completely, and spontaneously, and returning sometimes with periodical regularity, and always presenting the same symptoms. As to its causes, they are completely unknown. Statistical facts are deficient to show the influence of season. Different morbid conditions of the stomach certainly exercise some influence, but these act only as occasional causes, and it would be wholly wrong to attribute the ultimate origin of the affection to stomachic derangement; for, on the one hand, we see every variety of stomachic lesion occurring without inducing migraine, and on the other hand, we meet with numerous cases of migraine in which the stomach is perfectly free from derangement. Everything which excites or disturbs the nervous system may, in the predisposed person, induce an access of migraine. Innumerable organic derangements, such as deranged menstruation, &c. may either excite it originally, or bring it back where it has originally existed. It may occur at all ages, is seen in children of seven and eight years old, and in individuals of sixty and seventy. It generally, when once developed, recurs irregularly for a certain number of years, perhaps until the ages of thirty or forty. Usually, as life advances the paroxysms become less frequent, but this rule is liable to numerous exceptions. The affection is rarely met with unless it has occurred before the age of twenty-five years, but this also is liable to exceptions of sufficient frequency to prevent our regarding it as a general rule. Another influence on the production of migraine is that of hereditary disposition, a fact equally singular and indisputable. I have myself seen, for instance, a whole family thus affected in three generations. The paroxysms of the disease are separated from each other by intervals of perfect health, during which, of course, accidental maladies may occur. Lastly, the migraine, like many other nervous maladies, may have its premonitory symptoms, or these may be deficient, and the paroxysm supervene suddenly, without the slightest previous warning.

When premonitory signs do occur, they may be of two varieties, one strictly appertaining to the nervous system, the second connected with the digestive organs, especially the stomach. The former are by no means uniform in their nature or characters. The patient, sometimes, for example, experiences various moral derangements; he becomes sad and melancholy without obvious cause, others have horripilations, shiverings, and general uneasiness, as if previous to the attack of fever. The sense of vision is often troubled, dazzling lights are very commonly seen, and sometimes the sight is even lost for a time before the migraine commences. The dazzling may persist until the attack, or, what is curious, cease an hour or two before it takes place. Objects are often seen confusedly, but this is rather the symptom of the paroxysm than of its prodromes. Nor is the sight the only sense affected. In a singular case described by Tissot, the patient was always deaf for twenty-four hours before the migraine set in. The smell may also be impaired or abolished.

The same writer, for example, relates the case of a man who was an inveterate snuff-taker, and who was always warned of the approaching attack, six or eight hours previously, by an inability to perceive the smell or flavour of the tobacco. Such are the premonitory symptoms of the most remarkable kind affecting the nervous system. As to the second variety, those of the stomach and digestive organs, they are much less frequent, and not very permanent. In some rare cases, a notable increase of appetite has been observed. In others, it has been for a time completely lost. In a few individuals, vomiting, diarrhœa, or constipation, have also been observed as preliminary symptoms, but none of these are constant or important.

Let us now see the symptoms of the paroxysm itself. The chief of these is intense, excruciating pain, generally commencing at the orbit, and thence spreading over one side of the head, and the same side, usually, which was affected on previous attacks. To this, however, there are some curious exceptions, the pain in alternate paroxysms affecting the right and left sides successively. Sometimes, even, it occupies the whole of the head, but is more violent at one side than the other. In some cases it reaches its maximum at once; in others slowly attains its chief pitch of intensity, and then as gradually decreases. During the attack the patient experiences the most urgent necessity for perfect repose. The slightest noise exasperates his tortures to an indescribable degree. The ticking of a watch, even, may be a complete torture. The impression of light is equally distressing, and he seeks profound obscurity. The

skin of the parts not unfrequently becomes so morbidly sensible, that a gentle touch occasions extreme anguish on the scalp or integuments of the face. The pain is not always, as I have said, confined to one part, or the place of its origin, but diverges and ramifies in every direction, and affecting the cheeks and mouth, occasions intense pain on the least attempt to open the mouth, even to speak a word. The occiput, the back of the neck, and the shoulder—nay, even the arms and forearms, may participate in this condition.

In a few cases, the occurrence of some unusual excretion, at the commencement of the paroxysm, seems to occasion its abortion. Thus vomiting has been known apparently to suspend the access; but these occurrences are comparatively rare.

Besides the characteristic symptoms above described, others may occur of less essential importance, though frequently troublesome in themselves. These belong, first, to the nervous system; secondly, to the digestive organs; thirdly, to the greater circulation; fourthly, to the capillary circulation; and, lastly, to the various secretions. Under the first we may include the occurrence of mental alienation, or delirium, during the paroxysm—a rare event certainly, and one which is but fugitive and unimportant, when it does take place. The lesions of motion are much more frequent and remarkable. In some individuals, strong convulsions are witnessed. These are not always of the same kind. They may be confined to the temporal muscles, and even prove so violent as to drag the sutures of the cranium asunder. At other times they may extend to the adjoining muscles, to those of the face, eyelids, and neck, or even of the entire body. Generally speaking, however, they are not violent, and rather consist of a sort of great trembling of the muscles. The parietes of the abdomen are, in some instances, the chief seat of these painful contractions. Various lesions of sensibility may also occur, unusual smells be perceived, a taste experienced like that effected by the galvanic contact of metals in the mouth, the vision be troubled, and a thousand odd delusions of fogs and luminous meteors and areolæ be witnessed. Sometimes the centres of objects, sometimes their periphery, will alone be visible; some see but half the objects they look upon. In short the hallucinations, or aberrations of vision, are almost infinite in number. The last of the nervous complications is the result of the essential and incidental symptoms—namely, extreme fatigue and prostration of power, when the paroxysm has lasted a certain time.

The second series of accidental symptoms refers to the stomach. Of these, vomiting has been particularly signalized. It may occur either at the commencement, in the course, or on the termination, of the paroxysm. The symptom, however, is by no means constant, and cannot, for a moment, be regarded as the point of departure of the migraine itself. It is a mere effect of the nervous derangement, as is seen in sea-sickness, and a number of other nervous affections. It has, however, been noticed to exercise an occasional influence in checking the violence of the access, sometimes even of interrupting it altogether, and from this circumstance we may derive a practical hint of some value, as we shall subsequently perceive. The phenomena of deranged circulation constitute the next group of accidental complications. Generally, the pulse is frequent, full, and developed; but what is very remarkable is, that as soon as vomiting takes place, it falls quickly below the natural standard in point of celerity and volume. The fourth set of collateral symptoms originates in the capillary circulation. Congestions may take place on the surface of the affected parts. This may even, in intense cases, proceed to the extent of producing ecchymoses and rupture of the minute vessels, and the skin may acquire a blue tint, as deep as in the algid cholera. All this, strange as it is, is, nevertheless, the mere effect of the nervous perturbation, and the fact is not without useful analogical application. Suppose, for example, we transpose this capillary action to the mucous membrane of the stomach, what a number of phenomena it explains, without forcing us to have recourse to the doctrines of inflammation! This capillary derangement must, I repeat, be regarded as a simple effect of the local nervous perturbation. The secretions may, lastly, swell the list of symptoms. Profuse and scalding lachrymation may take place, the salivary glands pour out large quantities of fluid, and serous exudations render the pained parts completely œdematous; the bile may on a sudden be absorbed into the system, and jaundice take place.

The termination of the access may be by a deep sleep; the pain ceases, and the individual awakes well. At other times certain evacuations appear, such as vomiting, or diarrhœa, or sweating, whether general or local. A curious case of the latter is recorded to have occurred in a man whose migraine always ended in copious diaphoresis on the skins of both forearms alone. Nasal hemorrhage, too, is sometimes the termination. I know a lady, aged 48, subject to migraine for

nine years, in whom the paroxysms cease by such a profuse nasal discharge of mucous fluid, that she wets half a dozen pocket handkerchiefs. Tissot relates some analogous cases.

The duration of the access is not fixed. It may last but two hours, or much longer; frequently thirty-six; and Tissot speaks of some rare cases that lasted as long as sixty or seventy. As to its frequency and mode of return, it is often perfectly regular in its period, but more frequently irregular. The interval is very rarely less than four hours. It has been known to occur every day for three years, and to be absent as long as nine years. I know not whether we are to credit a case which is recorded of a female, who, for five years, suffered a paroxysm of migraine every hour, each lasting for fifteen minutes. As to the diagnosis of the disease, that which principally relates to special neuralgia and local organic maladies, I shall now proceed to notice this subject.

The history of migraine then having been sufficiently discussed, I now come to the diagnosis. I have already said, that neuralgia and some other local organic diseases, were the affections most likely to create suspicion in this respect. M. Piorry, indeed, is of opinion, that migraine is nothing more than mere neuralgia. He considers so from the causes and phenomena of the affection. Exercise of the eyes, such as prolonged study, in the first place; secondly, the urgent desire, during the access, for ocular repose; thirdly, the fact that in the vast majority of cases the pain originates in the eye; fourthly, the frequent redness of the external parts of this organ; fifthly, the sympathetic occurrence of vomiting, a symptom so generally connected with operations on the eyes, and especially on the iris. Such are the leading facts which induce M. Piorry to suppose that migraine is, in fact, a neuralgia of the iris and nerves of the orbit. The doctrine is certainly an ingenious one; it reposes, too, on facts true to a certain extent. In M. Piorry's book, however, many cases are described as migraine which certainly were not examples of that disease, and these cases were as evidently ophthalmic neuralgia. The just conclusion then is, that there are many neuralgiæ not migraines, and migraines not neuralgiæ, strictly so speaking. This is, in point of fact, the sum of our knowledge on the subject. We are not yet entitled to specify the peculiar nerves which are the seat of the disease. Should we ever arrive at that knowledge, the affection will then be classed as a specific neuralgia, and denominated accordingly.

Treatment of Migraine.—The treatment of migraine may be considered in a double point of view; first, during the access; secondly, in the interval. In one access it is simple enough. We must observe profound repose and obscurity. Cold lotions to the forehead produce considerable relief, and with this view the evaporation of ether is very advantageous. A pediluvium is also useful, and if the pain be very intense, and symptoms of congestion evident, venesection and leeches to the temples will be of service. The patient must at the same time avoid stimulating food and drinks, such as spirituous liquors, coffee, &c. But in juxta-position with this fact, it is important to know, that some individuals can prevent the access of migraine altogether, by eating a hearty meal, and thus setting digestion in activity when the premonitory symptoms are experienced. This is a curious and instructive fact. Even a bit of dry bread eaten in proper time, has been known to avert the paroxysm. With respect to *narcotics*, MM. Piorry and Trousseau attribute much power to them, especially to belladonna. They recommend the application to the pained parts, of an ointment composed of one ounce of lard, and one scruple of extract of belladonna, dissolved in water, and applied to the forehead, temples, or eyelids. I have not had an opportunity of trying this, but I think it likely to prove very beneficial.

In the *interval*, we must investigate the occasional causes which are found to excite the paroxysm, and act in a corresponding manner. In some simple cases a change of regimen will prove sufficient by itself. Thus Linnæus cured himself of this affection by exchanging a sedentary for an active life, and by walking nearly two hours daily, and taking frequent draughts of cold water. When the nervous system is much excited, we must follow the rules I have mentioned in speaking of general hyperæsthesia. Sometimes the digestive tube is deranged in its functions, and, in these cases, an uniform treatment is not always applicable; and sometimes we meet with the symptoms of true gastritis, and must act accordingly; again, we find a simple gastric derangement connected with the functions of the mucous membrane, able to be cured by purgatives and emetics; lastly, the case may be a true nervous affection of the stomach, a gastralgia, which antiphlogistic remedies will only exasperate. It is essential to recollect these varieties, the last particularly. It is absurd to speak of all these gastric symptoms as inflammatory. Is it inflammation when the patients, as frequently occurs, complain of great pain, &c., in the stomach, and, nevertheless, are relieved by a hearty meal? The state of the cir-

culating system next requires attention. Some migraine patients are liable to palpitations, and when these increase, the paroxysm returns. The cause of these palpitations may reside in the heart itself, in an excessive quantity of the contained fluid, consequent plethora, or in an opposite state, exemplified in many enfeebled and nervous people exhausted by bloodletting, hemorrhage, or other profuse evacuations. Each of these causes, according to its kind, we must combat by venesection, leeches, &c., or by bitters, iron frictions, and other irritating remedies. The secretions must also be particularly inquired into. Sometimes the migraine makes its appearance after the suppression of an habitual diaphoresis from the feet, axilla, hands, &c. We must then attempt to recall this excretion by the means generally employed. In the case of an individual in whom the migraine supervened on the suppression of sweating of the feet, he was advised to rub the feet frequently, and to sleep with them enveloped in a poultice. The secretion returned, and the migraine then disappeared. The uterine evacuation, lastly, may, either by excess or deficiency, excite this affection, and our treatment must be suitably directed. The works I would advise you to consult on this subject, are the excellent monography of "Tissot sur la Migraine," the memoir by M. Piorry, and, lastly, that by M. Petitan (fils).

CASE OF

ANIMALCULE

IN

THE EYE OF A CHILD.

By ROBERT LOGAN, *Esq., Surgeon to the New Lanark Establishment, N.B.*

A. B., ætat. 7, was brought to me about the middle of January 1833, affected with severe strumous ophthalmia of the left eye, and great nebulosity of the cornea, seeming to threaten the total destruction of vision. I was informed that from the month of August last the child had suffered repeated attacks. The inflammatory symptoms gradually diminished on the application of a blister behind the ear, and the administration of proper alterative remedies. There was left, however, a slight opacity of the lower segment of the cornea, sufficient to obscure, but not entirely to obstruct, the ingress of light. After the lapse of a week, the child was again brought to me, and, on examining the eye, to my great surprise, I observed a semi-pellucid body, about two lines in diameter, floating loosely in the aqueous humour of the anterior chamber. On close inspection, it appeared almost perfectly spherical, having attached to its lower part a small, white, elongated process, with a slightly bulbous extremity, (very much resembling the trunk of the common house-fly), which, in consequence of its greater weight, constantly maintained the lowest position, and which, if disturbed, caused the little sphere to revolve upon its axis. When viewed in a clear light, it presented every demonstration of an organised animalcule, as with the naked eye it could be observed to project the little process above described to a considerable distance, at the same time twisting it in various directions, as if in search of food; at other times it possessed the power of contracting the trunk to a mere point, and withdrawing it entirely within its transparent membranous body—a phenomenon which could not, on any mechanical principle, be effected without the aid of a muscular apparatus both of longitudinal and circular fibres. After remaining in this position for a short time, it would project what I think we may assume is its head with considerable velocity, and which it was quite apparent communicated to itself a considerable degree of locomotion. When quite at rest, a white speck would suddenly appear upon its side or fundus, and, quickly spreading into a beautiful annulus, traversed the rest of its body, much in the manner of a single undulation from the fall of a stone into still water. This motion is certainly not of the vermicular description, as the action is by no means regular, but arises in a sudden mistiness at different points, and sometimes simultaneously at different points, and passes quickly over its surface. From this we may fairly conclude, that the arrangement of its muscular fibres bears strong analogy to that of the urinary bladder. None of my professional friends, who have witnessed it, doubt of its muscularity. Indeed, a strong light falling upon it seems to act as a stimulant, inducing it to contract, and it can then be seen to assume various changes of shape. Belonging to the simplest modification of organised animation, this singular little creature cannot, on the minutest inspection, be demonstrated to possess any excretory orifice, it is therefore a fair conjecture, that as its food, from the nature of its situation, must be of a fluid form, anything excrementitious may be removed by porous transudation.

The child's eye is, at present, in an irritable state, probably from the presence of the foreign body constantly exciting fric-

tion on the surface of the exquisitely-tender iris, and the delicate lining membrane of the cornea. In its quiescent state, it occupied, as I have said, the lower segment of the cornea, with the fundus rising upwards, so as, in a moderate light, to observe half the disk of the pupil, and prevent the little patient from reading, or seeing objects distinctly, when placed low, but which, if raised to the level of the eye, she easily recognises. There has been no increase in its size since first observed, for, according to that beautiful law of nature, which adapts the size of animals to the sphere in which they are destined to move, and to their means of providing for their existence, it is not likely to attain greater magnitude. Unless there arises some indication of mischief to the delicate organs with which it is in contact, I should doubt of the expediency of attempting any operation for its removal, as the limited term of existence apportioned to such an animal will soon remove all apprehension of danger, and the solvent quality of the aqueous humour will speedily reduce it, when deprived of life, to a state in which the absorbents of the eye will exert their influence in carrying it off. That this is a species of hydatid, I think, no one will doubt; it has, however, not yet shown any signs of propagation; should this take place, a question would then arise respecting the necessity of an operation for its abstraction.

This case, which, so far as my knowledge extends, stands alone in medical annals, cannot fail to be interesting to the natural historian, physiologist, and pathologist. To the first it affords an opportunity of studying the habits of an animal in its native situation, which has hitherto eluded his scrutiny, by having occupied the hidden cavities of the frame; the physiologist can, through the clear medium in which it is immersed and surrounded, study the functions of its simple organisation; and the pathologist may contemplate with wonder the singularity of the disease, and perplex his mind with vain speculations on the nature of its origin, whether an ovum may have been deposited through the medium of the ophthalmic circulation, by insertion, or absorption, or whether, according to some philosophers, it is a production of spontaneous animation.

In Wardrop's work on diseases of the eye, he does not cite any case similar to this, but mentions the production of animalculæ in the eye of the horse in India, similar to the common ascaris, which the natives abstract by forming an opening in the cornea.

Woolhouse observed bladders of air, but with deference to that author, might it not have arisen from some decomposition of the aqueous humour, attended with the evolution of gas?

Dr. J. Robertson, oculist in Edinburgh, to whom I wrote an account of the case, mentioned in his polite answer, that in the older authors there are accounts of hydatids in the anterior chamber, but on scrutiny they turned out to be an escape of the lens from its capsule, with which the case under consideration possessed not one characteristic in common.

Since writing the above report, a friend has informed me that a case described as one of hydatid in the eye, has been detailed in *Rust's Magazine*, of what date I am ignorant, but it was evident to him that it was not a hydatid, but a prolapsed lens. The above case has been verified by the observation of numerous scientific practitioners, who have received an invitation from Mr. Mackenzie, the eminent oculist of Glasgow, to afford the medical gentlemen of that city an opportunity of examining the case. She is at present in Edinburgh.

New Lanark, N. B., March 20, 1833.

DEFENCE OF

CLOT-BEY'S MODE

OF PERFORMING

LITHOTOMY.*

To the Editor of THE LANCET.

SIR,—As I observe that you have promised to make some remarks on the mode of performing lithotomy adopted by Clot-Bey, in reply to the objections of Mr. Mayo, and as I have myself paid considerable attention to the subject, I beg leave to put on paper and forward to you a few observations of my own on the operation, more especially as it was made the subject of conversation at your chambers, between Clot-Bey and yourself, when I had the pleasure of accompanying the Bey on his visit to you. The explanations so minutely given by Clot-Bey, on that occasion, were called forth, as you will remember, by my erroneously supposing that the operation which he recommended, and which he honestly acknowledged was not his, but *Vacca Berlinghieri's* of Pisa, was the same as the recto-vesical operation of Roche and Sanson.

I was not aware that Vacca had modified

* Mr. Costello has here entered so fully on the subject, that we shall allow his observations to supersede our own.—ED. L.

his recto-vesical operation so far as to dispense with the incision of the rectum altogether, so that in listening to Clot-Bey I was learning a new and improved form of a method, which I had till then considered as justly condemned by the profession.

Clot-Bey first described the operation, assisting our comprehensions by a diagram; he then answered the objections made against it. All this was done in an interlocutory manner, which it would be impossible for me now to reproduce. I shall therefore give the substance of his statements only.

It has already been stated, that this operation differs from the *recto-vesical*, in the rectum not being cut. The instruments used in performing it are, a double-edged straight bistoury, a straight knife, and a grooved staff. The straight knife has a very narrow blade, and is blunted at its point, to the extent of two or three lines or more. With these are the ordinary forceps, &c. Care should be taken to empty the rectum before operating. The patient is bound, and placed in the same position as for the recto-vesical operation. The operator introduces the staff, and confides it to an intelligent aide, himself standing or sitting before the patient. Holding the bistoury in his right-hand, he makes the integuments of the perineum, close to the margin of the anus, tense with the left, by applying the thumb on the right, and the index-finger on the left, taking care not to throw up the scrotum too much, nor to draw the integuments towards himself. Neglect of this precept might be followed by ecchymosis of the scrotum, and even by infiltration of urine. The skin should be stretched from one ischium to the other, and not from the coccyx to the pubis.

The operator now makes an incision, which begins at the very margin of the anus, leaving, however, this margin uninjured, and is carried along the *raphé* to the extent of an inch or twenty lines. This incision traverses the integuments, and those triangular fibres only of the sphincter which pass towards the white line under the raphe, where the different muscles of the perineum are confounded together with the bulbo-cavernous muscle, and stops only at the bulb of the urethra itself. The index-finger of the left-hand is now passed into the anterior angle of the incision, to feel for the groove of the staff. It is easily felt; the straight bistoury is now guided on the nail of this finger into the groove, and being held as a writing pen, the urethra is laid open to an extent equal to the external incision, and no more. He now lays down the bistoury and takes the knife, which he also holds as a writing pen; he introduces its blunt point into the groove of the staff at the posterior angle of the wound; he then takes the handle of the staff in his left-hand from the assistant, and instead of pressing it downwards towards the perineum as the assistant did, in order to make it prominent in the place where the external incision was to be made, he now draws it upwards, resting it against the symphysis of the pubis, and inclining it a little towards himself, he passes the blunt-pointed knife in the direction of the staff into the bladder, with an obliquity from below upwards, so slight as to deviate but little from the horizontal.

When the operator has penetrated to the extent of about an inch into the bladder, without altering the position of the staff he elevates the handle of the knife towards the scrotum. The back is thus made to rest against the groove of the staff, while its extremity in the bladder departs from it, commencing its division of the neck of the bladder and prostate; the subsequent withdrawal of the knife completes not only the division of these parts to the extent required, but also that of the membranous portion of the urethra, and of the cellular tissue surrounding it, which might not have been divided in the introduction of the knife.

The operator now restores the staff to the assistant, and introduces his finger, guided by it into the bladder; the staff is then withdrawn. The reason for not withdrawing it when the neck of the bladder and prostate were to be divided should be stated. It is an axiom in surgery, that the parts, to be neatly and easily divided, should be rendered tense, to prevent their being carried before the edge of the knife out of their proper position. Now the staff resting against the symphysis of the pubis, steadies the prostate and urethra under the knife, while it carries them away from the rectum towards the pubis. With his finger, he is now able to judge of the extent of the incision, and if he considers it proportionate to the size of the stone, he introduces his forceps and withdraws it; if not, he introduces his blunt-ended knife on his finger, and enlarges the incision to the extent required. In extracting the stone, it should be carried out rather between the tuberosities than the branches of the ischium. If there be no reason to the contrary, it will also be advantageous to turn the branches of the forceps to the angles rather than to the sides of the wound; this will afford protection to the surface of the urethra, and the wall of the rectum, against the asperities of the stone. Clot-Bey did not, any more than Mr. Mayo, consider that there was any danger of wounding the ejaculatory ducts; but even if this objection were well founded, it might be easily obviated

by inclining the handle of the staff a little to the right, so that its groove, instead of corresponding exactly with the middle of the inferior posterior wall of the urethra, would present itself to the left of the median line, still on the same surface of the canal; a corresponding direction should be given to the knife, both in introducing and withdrawing it.

In comparing this operation with several other modes of cutting, Clot-Bey dwelt on the advantages which he believed it to possess over them. The passage which it made into the bladder was the shortest; it was formed in the widest space between the bones, through parts the least furnished with vessels of middling calibre, and the most remote from those of large size; it rendered infiltration of urine impossible, large stones might be extracted through the opening without lacerating or grievously contusing the soft parts against the bones. Now an operation which is simple in its mode of performance, which gives security against infiltration of urine, hemorrhage, and the contusions of violent extraction, diminishes, doubtless, the chances of a fatal termination. These propositions will be universally admitted. All these advantages belong also to the recto-vesical operation, but that exposes to fistula and tedious cure, while Vacca's operation, in which the rectum is uninjured, is secure against such unfavourable results.

On examining any correct sketch of the parts, exhibiting a side view of the bladder, prostate, urethra, and rectum, in their relations with the bones of the pelvis, it will be obvious that the neck of the bladder may be cut in its inferior posterior part, without injuring the rectum, and the prostate divided, either slightly, or deeply, or even entirely through, without hurting the intestine, as loose cellular tissue is interposed between them. There exists a considerable space between the rectum and the bulb, and all these parts may be cut without injuring the intestine.

Whatever be the mode of operation employed in the perineum, no larger opening can be obtained than is formed in this; and even all other modes fall short of the extent obtained in this; for it must be remembered, that the posterior boundary of the incision is in the cellular tissue which covers the anterior part of an empty intestine, whose walls offer no resistance, but are applied to each other when undistended; thus the anterior and posterior surfaces are in contact, and both may be pressed back against the sacrum and coccyx, in the same manner as they are by the head of the child in parturition.

To place this in its strongest light, a few words of recapitulation may be permitted. If the rectum remain untouched, there can be no fistula in the rectum, neither can we have any other of the evils which follow from wounding it. If the ejaculatory duct be untouched, the evils ascribed, whether rightly or wrongly, to a wound of them, are avoided. If the smallest branches of vessels, instead of the large trunks, be divided, the loss of blood must be comparatively less. If the knife do not go near the large vessels, those vessels are not divided.

It is obvious that the widest apertures are the best for the extraction of bodies of large size; that a wound may be enlarged, if one of its boundaries can yield or retire considerably; that a knife with a blunt end can neither cut nor puncture with such end. It is upon such self-evident truths that the advantages of this method are established. A method so simple would have challenged universal attention, had not the discovery of lithotrity happily opened brighter prospects to suffering humanity.

I shall not now reproduce the flattering observations which Clot-Bey made in your presence, upon the operation he had seen me perform that day on a patient of 77, with my improved percussor; but as a defender and propagator of the operation of Vacca, I think it will be interesting to your readers generally, to know what opinion this distinguished surgeon entertains of the method which I practise. "Lithotrity," said he, "will supplant lithotomy in all civilized countries where individuals can devote themselves to specialties in surgery. In uncivilized countries, the cutting operation will continue to be practised."

I have endeavoured to give the Bey's explanations as faithfully as possible, and in the hope that he will be satisfied with the attempt, I have the honour to be,

Sir, yours, &c.

W. B. Costello.

7, Parliament Street, Westminster,
March 12th, 1833.

MURIATE OF GOLD IN DROPSY.

Dr. Wendt relates in *Rust's Magazin*, B. XXV. eight cases of dropsy, of which seven were cured by the muriate of gold; the eighth case was complicated with consumption. This remedy has been employed for several years in the hospital at Breslau, and with success. Most of the cases were the sequelæ of intermittent fever.

REMOVAL OF AN

ANEURISMAL TUMOUR OF THE TONGUE

BY MERCURY.

To the Editor of THE LANCET.

SIR,—The following case, which fell under my observation about three years ago, was brought to my recollection the other day, by hearing of a fatal instance of the same disease, and is now extracted from my case-book for publication in your journal.

In November 1829, a girl, aged eighteen, was brought to me with a swelling on her tongue which much alarmed her. The father stated, that it was observed soon after her birth, being at first small, and remaining unchanged for many years; but that for some time past it had been increasing in size. She had been under the care of several medical men, and a year since a surgeon punctured the swelling, and produced serious hemorrhage.

On examining the tongue, I found a tumour, as big as a large strawberry, on the inferior surface of the left side, about an inch from the apex. It projected a little way past the side of the tongue, was soft and compressible, of a purple colour, and seemed to consist of a congeries of blood-vessels. On pressing it between the finger and thumb, a pulsation was distinctly felt. I therefore concluded, that it was of the nature of what is called aneurism by anastomosis, and, as it was becoming daily larger, I thought it would be necessary to cut away the whole of the swelling. The girl shuddered at this, and said she greatly dreaded the knife, but had for years past been so uneasy respecting her tongue, that if I thought such an operation would not be fatal, she would submit to it. My reply induced her at once to put herself altogether under my care. Her general health, however, was very bad. She had often pain in her stomach, and complained much of nausea, flatulency, and costiveness. I, therefore, before naming a day for the operation, directed her to take, for the space of three weeks, four grains of blue pill every second night, and a gentle cathartic on the morning of each intermediate day.

About a fortnight after she had commenced this course, I called at her father's house, and found her thoroughly under the influence of mercury. Her breath was excessively fœtid, and the saliva was streaming from her mouth. In a few days after this, her tongue became much swollen, and covered with exquisitely-painful ulcers, and, although she had taken so very little mercury, it remained in this state for nearly five weeks. While the swelling of the tongue continued I could not perceive the tumour, but as I thought that this might be owing to the general enlargement of the organ, I did not mention it to the patient. Soon after the mercurial action had ceased, however, and the tongue had lessened in size, I perceived with pleasure that the tumour was actually gone, and that there remained a hollow in the situation which it had occupied. I desired the girl to go to a looking-glass, and to tell me what she thought of her tongue. She did so, and I shall never forget the joy with which she perceived that the tumour had disappeared. From that time her breath rapidly improved, and professional attendance became unnecessary. About four months after I had discontinued visiting her, she called on me, in good health and spirits, and said that her tongue was, as it proved to be, without blemish, clean, moist, and healthy-looking; not a vestige of purple tumour could be perceived. I have since had no opportunity of seeing her.

Remarks.—Aneurism by anastomosis is a disease which ought never to be trifled with, and, from what I have seen of it, I should say, that a complete excision of the swelling, when its size and situation will permit, is the best plan of treatment that can be adopted. Tying the chief arteries which supply such a swelling, does certainly, sometimes, succeed in reducing its size, but the application of caustic, after a simple incision, as has been recommended by some, seldom, I think, does good, except when the tumour is very small, and its complete destruction can be speedily effected. In the case which I am now considering, the tumour was obviously an aneurism by anastomosis, and I therefore recommended, without hesitation, an operation for its removal. Indeed, I did not know what else to do, for I never dreamed of attempting to bring about a cure by means of mercury. The mercury must have been very rapidly absorbed; and it was well for the girl that her constitution was so susceptible of its action, for if her mouth had not become unexpectedly very sore, and so continued for an unusual length of time, she must have run considerable risk from the disease, or have submitted to a painful operation. I cannot account for the disappearance of the swelling, except by supposing, that the high state of excitement into which the tongue was brought by the mercury, either reduced the size, and weakened the activity, of the vessels, or obliterated them altogether. If either supposition be founded in fact, it

holds out a reasonable hope, that similar tumours, when small and situated on other parts, may, occasionally, be reduced or removed altogether, by keeping up, by stimulating applications, a considerable irritation in the surrounding parts. The manner in which the above narrated case terminated will, probably, when I have another opportunity, induce me to try such a plan before having recourse to the knife.

I am, Sir, your most obedient servant,

JOHN BROWN, C. M.,
Assist. Surg. R.N.

8, Samuel-street, Woolwich,
14th March, 1833.

LONDON MEDICAL SOCIETY.

Monday, March 25th, 1833.

Mr. KINGDON, *President*.

NEW KIND OF VOTE.—ELATERIUM IN RHEUMATISM.

Mr. BRYANT disapproving of the opinion entertained by one or two gentlemen at late meetings, that rheumatism is not an inflammatory disease, wished to know whether the sense of the Society generally could not be taken by vote on the question, under the hope or expectation that the decision would be adverse to the objectionable doctrine. But the PRESIDENT said that the proposition was not feasible, as the Society could not reasonably pass a vote upon any such question. Hereupon some member inquired how it was that medical bodies were unable to come to a decision either on this or any other debated point in medicine. To which the CHAIRMAN returned answer, that he knew not *why* it was; he only knew that medical societies never *did* vote an expression of opinion in a scientific matter of dispute, that is, not in any instance during twenty years that he had attended them. Each individual might express an opinion, and each other individual might accord with as much or as little of it as he chose; but it would not be quite the thing to vote in the lump on it.

This refreshing variety of topic was started from lack of other matter. It was then superseded by a brief addendum to a subject of remark at the last meeting.

The PRESIDENT. Dr. Uwins, the other evening, recommended elaterium in rheumatism. On Friday last, a man came to me at the dispensary which I attend, complaining of severe pain, of a rheumatic character, affecting his hips, knees, and ancles, but particularly his knees, and of illness, in fact, all over. I am not prepared to say that it was rheumatism, or that he was going to have "rheumatic fever," as the Doctor expressed himself. But bearing in mind the Doctor's proposition, I thought that three days administration of one grain of elaterium could do the man no harm, so I ordered that quantity to be taken each day, on Friday, Saturday, and Sunday. The directions were followed, and on Monday (this morning) the man came to me to say that he was quite well.

AMPUTATION OF TUMOURS BY FRICTION WITH IODINE.

Mr. DENDY (the other subject being dropped) engaged the attention of the members, by the following brief outline of a case in which iodine presented itself in an apparently new and highly important character. He had, he said, lately directed considerable attention to the uses of iodine, and should have presented a paper on the subject to the Society, but now delayed it to direct, first of all, his inquiries into the peculiar nature of some other remedial means displayed by that medicine. A boy was sent to him, some time since, by Mr. Kingdon, with a strumous disease of the legs, which was cured. On the face of the lad, however, he found a species of encysted tumour, approximating to the nature of a wen; not an enlargement of the parotid gland, but having commenced, apparently, in one of the submaxillary glands, and now extending over the cheek. It was so exceedingly irritable, that extirpation appeared as though it would be a highly dangerous expedient. He (Mr. D.), therefore, determined on attempting its reduction with iodine, a remedy which proved successful, though he was not prepared to find such effects produced by it as were developed on this occasion, and which he hoped would ultimately put us in the way of accomplishing some important cures in malignant diseases. In the present case he began by rubbing the *unguentum hydriodatum potassæ* around the circumference, or base, of the tumour (not on its centre), with a view to producing a local effect there. This excited, first of all, a blush on the skin, and caused a peculiar sensation of creeping at the base of the tumour. At the same time he gave five drops of the tincture of iodine, two or three times a day. On his second visit to the patient, a distinct line of demarcation was observable, surrounding the tumour, and isolating it at the surface completely, from the neighbouring parts. This he regarded as a good sign, and it led him to anticipate the ultimate result. The case thus went on for five weeks, the rubbing-in being performed two or three times a week. At the end of the

third or fourth week, an ulcerated circumference was established at the base of the tumour, which soon afterwards was discharged from the cheek. Granulations then came up on the deserted surface, the wound healed, the boy became perfectly well, and he shortly after went to sea. Now when it was remembered how difficult a thing it was to take out a malignant tumour, he (Mr. D.) entertained a hope that we should by and by possess a sufficient proof of the power of iodine to effect such an exact amputation as would allow no part of the tumour to remain behind to cause a reproduction of the disease, as to be induced to substitute this remedy for the knife or ligature. The process in the present instance, he imagined, was this,—the irritation caused by the *ung. hyd. pot.* produced absorption, as in exfoliation of bone. A line of demarcation being produced by the ulceration around the tumour, it was then separated entire, by the consequent disorganization of all its points of attachment.

Mr. PROCTOR thought the suggestion, supported by the case, a very valuable one, when the disease was purely local, as in hemorrhoidal tumours, where the iodine would be far less irritating than the ligature.

The PRESIDENT had never known iodine, compounded of one drachm to the ounce of sperm. cerat., produce ulceration by friction, though he had seen extraordinary removals of tumours, by simply painting the part with a camel's-hair brush dipped in the tincture. He added a few particulars of a case of "extraordinary tumour of the abdomen, extending from the hypochondrium into the pelvis, across to the anterior superior process on the left side, passing up and wholly occupying the umbilical region," &c. &c., which had so puzzled a number of eminent men, that they "could not tell whether it was an enlarged ovary, or an enlargement of the liver!" or even, may be, an enlargement of the spleen. The items, after such a diagnosis, it would be profitless to particularize; we therefore merely add, that though the lady had given herself up as a lost woman, and came to consult the president only for an ulcer arising from varicose veins of the leg, friction with a considerable quantity of mercurial ointment, first of all, with the addition, in a week, of half a drachm of powdered opium to the ounce of ointment; then (this being stopped in six or seven days in consequence of dreadful sick headach supervening) a rubbing-in of iodine, one drachm to the ounce of spermaceti ointment, and the administration of five drops of the tincture of iodine three times a day, continued for three months—all these things produced such an effect on the inexplicable tumour, that the President had no doubt it would soon totally disappear—a happy result to the unfortunate patient whose abdominal disease was not contemplated in the advice which she sought on occasion of her first visit to the surgeon.

WESTMINSTER MEDICAL SOCIETY.

Saturday, March 23rd, 1833.

Dr. JEWEL in the Chair.

IMPROVEMENTS IN MR. COSTELLO'S PERCUSSOR, &c.

MR. COSTELLO, this evening, exhibited to the notice of the Society an additional improvement in his lithotriptic percussor, and explained its mechanism. In the instrument of which an engraving was formerly given in THE LANCET, the tube was furnished with one moving blade only, not removeable therefrom. The percussor now shown allowed the employment of as many moving blades for one tube, as the indications of a case might prove to be desirable, each removeable at pleasure. Mr. Costello showed several of these changeable blades, and observed that if the instrument were employed to break up a large stone, he would use a blade of a wedge-form and sugar-nipper edge, by which the stone might be split into large portions. If his object were to produce smaller fragments, he would use a double-edged blade, slightly serrated. If he wanted to effect a rapid disruption of the stone, he would use a blade with shoulders supporting a slightly serrated edge. If he aimed at disintegrating the foreign body to a large extent, he would use a blade with deep indentations. If he purposed to crush small fragments, he would use one with a flat, indented, face. Lastly, if the bladder were sluggish, or incapable of expelling the detritus, he could convert the percussor into a cylindrical box, fill it with the fragments, and extract them without enlarging the bulk of the instrument. This contrivance was also the result of a change of blades, and was produced in the following manner:—The curve of the tube was deeply grooved upon its concave side; a blade, also grooved upon its convexity, was passed down, and when the tube and blade were closed, there was a circular space formed between them. With proper variations of mechanism, every object the operator could have in view, might thus be answered. Having finished his demonstration, Mr. Costello proceeded thus:—"Since I first began to modify the percussor, in which labour it would be dis-

honest in me not to avow that I copied from Weiss's instrument, and that I was assisted by my recollections of the one which Dr. A. Fisher showed me when we taught anatomy together in Paris, I have produced five or six forms of this instrument. I admit that I cannot produce any considerable weight of metal in testimony of the vastness of this labour, but I am nevertheless convinced, that this instrument is safer in use, simpler in construction, and more solid in its parts, than any percussor that has yet been produced. There is, indeed, one feature in its construction, which deserves to be noticed, namely, that turn it which way you will, it can present neither tooth, nor edge, nor crotchet, to the bladder. Every point of it that can come into contact with the organ is smooth." Mr. Costello then pulling one of the French periodicals from his pocket, added, "Seeing how useless it is to dispute, when vanity and profit, and not truth, are the objects, I wish to avoid it. I should not otherwise fear to defend my honest opinions against a candid opponent; I will not, therefore, occupy the time of the Society any longer than to remark, how much I was surprised on reading in the *Gazette des Hopitaux*, the following sentence in a letter from M. Heurteloup: 'When a modification is produced, the necessity for which is not demonstrated by experience, it amounts to this, that you are capable of admitting that a surgical instrument is a mere matter of taste and not of combination, which a person may change through simple caprice. But our art, and lithotripsy more especially, does not accommodate itself to such a proceeding. The idea of change in an instrument which has been used with success, must be taken from experience, and not from the caprice of too vivid an imagination.' If this tirade mean anything, it means that my instrument is not a thing of combination, but a mere creation of my taste or my caprice, and that experience has had nothing whatever to do with its production. It will not be expected that I shall take further notice of this manner of inuendoing away my claims, or that I shall in any other way combat this piece of French ingenuity, though I have ample cause for anger, than by stating to the Society (what many of its members know from ocular proof), that since I first used the percussor in the early part of last year, I have frequently used it daily on my patients, and that not a week has passed over since, without my using it more than once. Even the writer's own countryman, Clot-Bey, might be a witness against him in this matter. I have never used concealment as regards my instruments, but whenever any person has exhibited a taste for examining them, I have ever been anxious to show every part of them. Having taken this opportunity of replying to the insinuation I have just read, I cease to comment on it, and shall for the future keep the silence which I have thus allowed myself momentarily to break."

Mr. CHINNOCK having said that the Society must feel much indebted to Mr. Costello, for the free manner in which he had communicated the improvements in his instruments, Dr. BROWN rose to make some remarks in addition to those of Mr. Costello, but the chairman objected to the further agitation of a controversial topic.

EXTRACTION OF TEETH.

Mr. DELAFONS, according to previous arrangement, now proceeded to address the Society on the subject of the best mode of extracting the teeth, and the instruments commonly employed in that operation. His observations, with some slight abbreviations, may be reported as follows:—

Although the metropolitan medical practitioners are rarely required to operate on the teeth, yet as diseased teeth and stumps give rise to a variety of complaints which can only be cured by their removal, yet to a London practitioner my subject may not be devoid of interest. To country surgeons, compelled as many of them are to extract teeth, and naturally eager to adopt any means that promise to relieve them from the miserable state of uncertainty attending their attempts in this department, any information that is grounded on a firmer basis than conjecture or caprice may prove acceptable. Even considerable experience will, alone, never make a good operator; I have known instances where, after a long and extensive practice, an operator has failed in numbers of the simplest cases; practice may give confidence, but it will not guide us in the use or selection of an instrument. Teeth instruments are made by persons who, having no practical experience of their application, are constantly liable to design defective instruments. To show how we may be deceived by relying upon the maker, I may state, that I saw a key-instrument, upon the Continent, which the dealer assured me was made "à l'Anglaise," but the curve in the stem of which, instead of being on the under side, was actually reversed, although so important is it that the instrument be judiciously constructed, that failures may result from an almost imperceptible defect in that very curvature in the form of the bolster, or in the figure of the claw, and success may even depend on its

terminating, at the point, in an obtuse, or acute angle. So frequently is this instrument misunderstood, though so extensively used, that a young practitioner who had purchased one from an eminent maker, complained of it as an "ill-made article, for that he had scarcely ever used it, without greatly exceeding his instructions; two teeth coming out at almost every operation." The instrument had been given into his possession, with two of the claws fixed in it, in which state he had actually used it, evidently not being aware that the three claws were given for the purpose of selecting one of a size corresponding with the tooth to be extracted. Unfortunately, in a great number of cases, the operation *can* be accomplished, *somehow or other*, with little or no skill, by any one who has the hardihood to make the attempt. A *few* cases of success then get noised abroad, and in this, as in other instances of quackery, outweigh a multitude of failures, which are never heard of. The former are accordingly relied upon as invincible arguments in favour of a particular plan. Yet without this deceptive mode of reasoning, we should never have heard of specifics for toothach, of "anodyne cements," of "mineral succedania," or of that climax of absurdity the "excision of teeth," a project that a maniac might blush to acknowledge. The entire set of teeth in man consists of two-and-thirty, namely, twelve molars, eight bicuspides, four cuspides or canines, and eight incisors; out of which number there are twelve having only a single fang, several of which number could be extracted by every operator, without any pretensions to novelty, with the forceps. The bicuspides are also single-rooted, except in the proportion of about ten in the hundred, which have the fangs separating into two branches towards the extremity. Many of these also *can* be extracted, in a clumsy way, by similar means. With reference to the remaining twelve teeth (the molars), numbers of them become so loosened by age or disease, that no other means would be requisite. We have, therefore, at least twenty teeth in the adult set, that *can* be taken out, though the operation is liable to many very serious failures, by any pretended novelty which affords the means of just grasping a tooth, however clumsily. In consequence of the frequency of tooth-drawing, the public are too apt to regard it as an operation almost beneath consideration; and to such an extent does this prejudice exist, that it is not long since that a poor foreigner, who had been cruelly mangled in the extraction of a tooth, applied to a magistrate, his only medium of redress, when his description of the excruciating agony he had endured, actually had no other effect than that of exciting the laughter of the judge, who seemed to think it a most excellent joke. Had he only complained of half as much suffering from any other operation, he would have awakened the sympathy of all who heard him. If we except the long-sought perpetual motion, there is perhaps no delusion in mechanics upon which so much ingenuity has been expended, as in the endeavour to construct an instrument for the perpendicular extraction of teeth,—an attempt, however, which I fearlessly assert, never yet was made by an experienced, or, at any rate, a judicious, operator. It will probably be said, that thousands of teeth have been extracted perpendicularly, either with the forceps, or by instruments constructed on the principle of the patent cork-screw. This fact no one, of course, will venture to deny: but I beg distinctly to be understood as speaking only with reference to *cases of importance*,—not such teeth as a bit of pack-thread would bring out, but only such the extraction of which is worthy the name of an operation. The first consideration should be, to operate with the utmost certainty of success, and the next, to perform it in the least possible space of time, consistent with safety. Tooth-drawing is an operation for which no rules whatever can be laid down. We cannot, for instance, say, that the *dens sapientiæ* shall be extracted by *this* method, or instrument, or the remaining molars by *that* method, or the bicuspides by *another*. The operator is required to exercise his judgment in every case that comes before him. How, then, is any *one* instrument to perform successfully the duties of so many? It will be admitted, I think, that a tooth can be taken hold of only by seizing it between two points, or claws, or by a claw on the one side, and what is termed a bolster on the other. The former is the only means that could possibly be available in an attempt to extract it perpendicularly,—a reason that is quite sufficient for abandoning any such project, as it requires so powerful a grasp to raise a tooth by mere force, that the very teeth likely to occasion the most acute suffering in the event of a failure (those that are much decayed and very brittle), are the very teeth that would inevitably break off, without the slightest prospect of ultimate success. But, independent of the brittle state of the diseased tooth, this sketch (*showing one*) of the internal structure of the bones in which the teeth are inserted, will show what frightful accidents may occur with such a contrivance. The teeth were never intended to be thus dislodged. It is highly interesting to examine how admirably the jaw is constructed for the

purpose of giving a degree of elasticity to so inelastic a body as the conical figure of a tooth. Here is the jaw showing the sockets of the teeth suspended, as it were, upon springs, the bone being of a spongy, yielding texture. Nor is this the only elasticity they possess, for the jaws are not perpendicular to each other, but the upper teeth project outwards, and the lower ones lean inwards to meet them. If we attempt to use our teeth with improper violence, the pain we endure gives intimation thereof, and we immediately desist; but suppose an operator trying such a contrivance; he would proceed, regardless of consequences, and perhaps triumphantly display a proof of his prodigious science, without ever dreaming of the irreparable mischief he had probably done to the periosteum, or to the socket of the adjoining tooth, an injury of which even the patient might not be aware, until years had passed away. Nay, he might actually, by making his purchase upon this adjoining tooth, drive it, together with its socket, into the jaw. To prove that the possibility of what I say is not mere conjecture, I will cite three cases that have occurred to me where the teeth have descended into the jaw, with a very trifling degree of perpendicular pressure. One was that of a person who had lost, from disease, a large portion of the palatal bones, together with the whole of the upper teeth. The defects were supplied artificially, but to avoid the filthy practice of supporting it with a sponge or cork, it was kept up by springs, as artificial teeth usually are. One of the springs was *partly* supported on the second left bicuspis, and though the pressure of these springs is usually so light as not to be felt when false teeth are well constructed, the tooth actually sunk beneath it, until it so completely disappeared, that not the least trace of it could be found. The two other cases were nearly similar in the result. They were also the bicuspides, but the loss of the other teeth was not occasioned by disease. If we refer to that truly valuable work, the late Joseph Fox's "Treatise on the Teeth," we shall find several forcible objections to perpendicular extraction; to which he might have added, that the mouth is frequently so much swollen, that it cannot be opened sufficiently wide for the introduction of the customary instrument. The forceps, though indispensable in simple operations, have repeatedly occasioned serious mischief, by misleading inexperienced persons, who, if they once but happen to take out a tooth with them, already imagine they have discovered the *ne plus ultra* of the science, when a moment's reflection should convince them of the staleness and imperfection of this objectionable instrument, while a better lay within reach, and that, too, not an untried one. Here is the representation of a tooth not more decayed than is usual before extraction, and as it could not possibly be removed without inclining the tooth to an angle of fifteen degrees from the perpendicular, we merely make the process of wriggling it out of its sockets very long, besides being attended with considerable risk of breaking away the adjoining teeth, together with a large portion of bone. For extracting the molars of the lower jaw, it is still more objectionable; the lower teeth, reclining so much inwards, if the straight paces be used, no perpendicular force can possibly be obtained, as this section of the jaw (*showing it*) will prove. Consequently we should get at them better by curving the instrument, so as to be at right angles, or nearly so, with the handle; but these also are equally improper; the operator having, as it were, to raise a considerable weight at the end of a lever, must exert so much additional force, that when the tooth yields, the instrument flies upwards with a jerk, thereby injuring one or more teeth in the opposite jaw, which the operator can no more control, than he could avoid falling if he were raising a heavy weight, and the cord were suddenly, although not unexpectedly, to break. A great defect also attending forceps is, that the bulk at the joints is unavoidably so great, as to hide the tooth in such a manner, that you must seize it at random, though it most frequently happens that success depends entirely upon holding by the only point that is sound enough to endure the requisite force. The general figure of the roots of the teeth, though varying materially in form (some having crooked or divergent fangs), is conical. Now if we view the question in that light, we shall find, that were it practicable, nothing whatever would be gained by perpendicular extraction. (*Mr. Delapons here clearly demonstrated this and the following statement, by reference to diagrams.*) Here let us suppose two cones inserted one within the other, what difference can it possibly make, whether the inner be taken out perpendicularly, or in the direction of a line that leans at an angle of ten degrees from a perpendicular line. Now let us see how much the action of the bolster and claw, properly fixed, deviates from the line. At the very same instant that the tooth loosens, which it does through the widening of the socket by lateral pressure, the tooth has so decided a tendency to slide along the side of its socket, that the claw slackens, leaving the tooth free to jump quite out of the socket, which it frequently does with

a good operator; or if it should catch, in consequence of the fang or fangs being curved, or any other impediment, it is easily removed either with the fingers or the forceps. Let me entreat particular attention to this fact, as I hope to point out the surprising ingenuity, as well as the efficacy, of this much-calumniated contrivance. When the instrument is properly fixed and put in motion, the first duty it has to perform, is to widen the socket, just as we would open a door, in preference to squeezing ourselves through an aperture that is much too small for us to pass, and at one and the same instant, the tooth being pressed against the side of the socket, the claw, at the instant of the tooth being detached from the periosteum, accommodates itself to the sliding motion, by being at liberty to turn upon its centre; and it would nearly follow a circular route, were it not for the instrument (and of course the claw) at the same time describing a portion of the circle; thus compelling it almost by a self-acting principle, to keep the best position that could possibly be desired. I have brought with me also an acting model to prove the correctness of the diagnosis. It has been suggested to me, that such communications as these, which enter into the minutiæ of the operation, must have the injurious tendency of exposing the secrets of the profession, I believe, however, that quite the reverse of injury is likely to occur. The eradication of erroneous impressions, and the circulation of sound principles, must raise us in public estimation, and the sooner we shall rid ourselves of the odium that is rapidly attaching to an art which is of great importance to the community, and one which is capable of such perfection in its higher departments, as to render, when conducted with ingenuity, failures only very rare events. (*Much applause.*)

Mr. Costello made some remarks on staphyloraphy, and inquired of Mr. Delafons what experience he had had in it.

Mr. Delafons said, that that operation belonged rather to the surgeon than the dentist; according, however, to his observation, the patients in whose palates the fissure had been closed, derived little or no advantage from it, as regarded the speech, as they never conquered the imperfect mode of pronunciation, which long habit and the imperfection had established.

Some interesting remarks on hemorrhage after the extraction of teeth, and "anodyne cements," followed, but for these we cannot find room until next week.

COLLEGE OF PHYSICIANS.

Monday, March 25th, 1833.

Meeting the third for the season,—an iteration of meetings first and second, as regards everything but the title of the paper read, which proved the reverse either of "interesting" or "instructive." It was put together by Dr. Badham (junior, we presume),—the subject, "Ancient and Modern Medical Literature, consisting of a comparison between the two, with a view to prove how much modern pathologists have been anticipated by the ancients," or something to that effect. The essay was designed to be regarded as a very erudite piece of composition, and consisted of a vast number of quotations from Aretæus, and other long-departed wigs. By-the-by, speaking of wigs, it would form a congenial object of inquiry on the part of the College, whether Aretæus and his contemporaries did not cover their cranii with something more convenient and graceful. The subject would not be less useful or dusty than those with which the Pall-mall orators now and then attempt to engage the attention of their monthly visitors, some of whom, *en passant*, complain that the tea and coffee are not as good as they should be.

Complaint.—"*A Pupil of the Aldersgate-Street School*" writes, "March 18th. Sir, I beg to address you relative to the very unjust manner in which the instruction of the anatomy students in this school is conducted; the lectures, demonstrations, and dissections, are alike carried on in a most unprofitable manner to the student. It is very seldom that we see the demonstrators in the dissecting-room, whether their absence is to be attributed to inability to perform their duty or gross neglect of it. Another cause of complaint is the system of giving single courses of lectures. A letter appeared in one of the periodicals a short time since from the pen of Mr. Todd, lecturer on anatomy at this school, on the advantages of single courses of lectures. It appears to me to be a very erroneous idea that students can be supposed to recollect an important subject of instruction with but once going over it. The pupils of this school, I know, are averse to the system, and many of them consider that it was adopted to save the teachers expense on the score of subjects, enabling them thus to describe all the parts together, without having other subjects wherewith to describe new parts in their proper order. Six months, for instance, have now elapsed, and our lecturer has not yet gone over the vessels; nor, indeed, commenced them."

INTRODUCTORY NOTICE

TO THE

GALLERY OF MEDICAL PORTRAITS.

In this week's LANCET, we commence with a new feature, by introducing to our readers the first of a series of lithographed portraits, representing some of those "very celebrated men," of whom they have read so much in the pages of this Journal during the last nine years.

On the stage, nothing creates more dissatisfaction than to be continually hearing of a character whose corporeal embodyment you are not furnished with the means of observing. Who, for example, does not wish to see Sir WILLIAM BLIZARD, the testy knight of "hats-off" notoriety, collegiate scowl, and hospital vulgarity?

But a truce to severity of criticism. We wish to render our gallery of medical acquaintances as interesting as possible, and when introducing them by the hand to our thousands of familiar acquaintances, we shall not be so rude as to trip up their heels and lay them prostrate, while we wish to display their persons to the best possible advantage. In the biographical notice which will accompany each engraving, we shall abstain, as much as may be consistent with an useful disclosure of facts, from recording any circumstances that do not fall within the strict, legitimate, boundaries of biography. When, therefore, we state, that Sir WILLIAM is the father of barber surgery, inasmuch as his sire was a respectable shaver in the village of Barnes, in Surrey, and taught his son the mysteries of this art, it should be understood that we thus mention a fact which is not without its weight in making up the professional character and merits of the individual under consideration.* In short, the sketches in pencil shall be accurate, and the statements in ink faithful. Neither shall be obscured by the dark shades of party animosity. That the publication of what is true may sometimes prove disagreeable to the individuals pourtrayed, we are perfectly aware. This may, or may not, be the fault of the biographed individual. It is our duty to record the truth, as far as it may be known to us, and from that duty we shall not depart, either to gratify the vanity of weak minds, or to court the favour of strong ones.

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* Baron BOYER, the celebrated French surgeon, was, originally, the active assistant of a barber, and in his day made clean some thousand chins. The fact has become memorable, by the acknowledgment on the part of the Baron himself, who, not one whit ashamed of his early occupation, admitted, on all appropriate occasions, that when he began his studies, he conformed to the custom which included shaving amongst the operations of surgery. He has not unfrequently been heard to say, "that his dissections at the *Pavillons de la Pitié*, went hand-in-hand with the performance of tonsorial duties in his master's shop in the morning." Another of the most eminent amongst the continental surgeons, pursued in youth the same humble but aspiring trade.

William Blizard

Lancet Gallery
OF
Medical Portraits.

SIR WILLIAM BLIZARD,
SENIOR SURGEON TO THE LONDON HOSPITAL.

SCENE.—"*The London Hospital,*" *Whitechapel-road.* *Sir* WILLIAM *on the steps at the door of the Hospital. A Porter at the Gate. A* STUDENT *near the railing reading* "THE LANCET."

SIR WILLIAM—[*stamping, and twisting his hat violently in both hands*]. "Porter, I say, holloa! you rascal, you scoundrel; d' ye hear me?"

PORTER.—"Yes, Sir; yes, Sir William."

SIR WILLIAM.—"What's look at me for? Look there [*pointing to the student*]; see; there's a fellow reading THE LANCET. Send him here this instant, this moment, or I'll——."

Such was the ludicrous spectacle exhibited at the London Hospital on a certain occasion within the last month. The degree of respect entertained by the students towards a gentleman who can so conduct himself, may be imagined with far greater facility than it can be described with accuracy.—Having observed Sir WILLIAM for a moment on the outside of the Institution, let us follow him to the wards, where, having satisfied himself, after repeated interrogatories, that no gentleman is present who is connected with THE LANCET, he takes his rounds, and regales the minds of the students with the "occasional clinical remarks by Sir W. Blizard," as advertised in the Hospital Prospectus. The following are specimens of these useful discourses. They were taken down on the spot, and we vouch for their accuracy:—

SCENE.—*The Wards of the Hospital.*—TIME, *Saturday, Feb.* 16*th*, 1833. *Sir* WILLIAM BLIZARD *and* PUPILS "*going round.*" *Some one directs the attention of Sir* WILLIAM *to a case of inflammation of the elbow-joint. The knight examines it, and the following clinical observations ensue:*—

SIR WILLIAM.—"Now, Gentlemen, mark this. In all cases of inflammation of the joints, it is desirable to keep the limb in such a position, that when morbid action ceases, the limb may be of use to the patient. Thus, in inflammation of the knee-joint, the limb should be kept in the straight position, and in inflammation of the elbow-joint, the arm should be bent at an acute angle, and not an obtuse angle. Now do, pray, Gentlemen, bear these remarks in your mind."

A case of Hydrocele falls next under notice.

SIR WILLIAM.—"This case will soon be in a fit state for the operation of paracentesis and injection. Now, pray mark that, Gentlemen. Not *tapping*. How I hate that word. We sometimes ask at the College, What would you do in a case of hydrocele?'—'Why, tap him,' says the student.—'*Tap him*?' say I; 'Pray what publican were you brought up under?'—Do, pray mark this, Gentlemen. Always say, *Paracentesis abdominis*; *Paracentesis scroti*. I will tell you a most remarkable case that occurred to me a number of years ago. I had a black man under my care, for hydrocele; a most enormous one it was; it held at least two quarts of fluid. Well, I *tapped* him. Some time afterwards he came here again with another man. 'Well,' said I to him, 'I dare say,' I said, 'you have come here to be *tapped* again?'—'Me? no Massa,' says he, 'me quite well.'—Well, Gentlemen, this man declared that he never had a drop of fluid secreted from the moment that I performed the operation; only think of that, Gentlemen." [*A short pause.*] "I will tell you something else, and then I will not detain you any longer, Gentlemen. My friend, Dr. B., could'nt go round the Hospital without indulging in a joke. Well, Gentlemen, he had a patient, a woman; he went to see her, and he asked her how she was. She said, she *had taken his medicine, and was not worse.* Then said the Doctor, 'Thank God for it.'—Good morning, Gentlemen."

TIME. *Wednesday, Feb.* 20. *Sir* WILLIAM *and the* PUPILS *again. A case of diseased joint before them.*

SIR WILLIAM.—"There is a time when morbid action ceases, and the part does not suffer any injury from it. The posi-

tion of the limb should be thought of before anchylosis takes place. But I will not tire you by recapitulating the remarks I made a few days ago. There was the son of a Page of the Duke of G., whom I was called to some years ago, with disease of the knee-joint. The part got quite well, and yet there was considerable enlargement of the joint remaining, and the limb became anchylosed at an obtuse angle. I dare say if any of you, Gentlemen, had seen the limb for the first time, you would have said there was considerable disease of the part. But the parts may be much altered by disease, and yet no disease remain."

Turning to a Case of diseased Testis:—

Sir William.—"When I took this case in, I thought it was scirrhus epididymis. What are the diagnostic marks of scirrhus? Well, I will tell you. Its peculiar hardness and a sense of specific gravity. I have blistered this, and I dare say when the blister has healed the man will be quite well."

This is a sorry spectacle, and the unhappy representation is scarcely relieved, as far as the instruction of the students is concerned, by the fact, that Sir William is now upwards of 90 years of age, having, according to the church register, been *christened* at St. Mary's, Barnes, Surrey, on the 19th of February, 1743. His *age*, at that period, is unknown, but we have heard it stated on what we deem good authority, that this ceremony was not performed until the child had passed its fifth year. Sir William was born in a little, one-story, and now antique, tenement, next door to the *Sun* public-house, at Barnes, where his father carried on the business of a hair-dresser, bleeder, and tooth-drawer, and here it was that our hero executed his first "operations" in the science of surgery, little expecting, at that period, possibly, that he should figure nearly one hundred years afterwards as the father of English "barber-surgeons." Where Sir William was subsequently educated, we know not. What have been his writings (except one Hunterian Oration, indeed) we know not, as he has outlived all his former preceptors,—outstood, apparently, the scholastic establishments of his early years. Having quitted Barnes, we hear of him first as the occupier of a little shop in the "medical way," at Lambeth Butts. But this not succeeding according to his wants and views, he removed to Crutchedfriars, where he commenced operations as a general practitioner, and soon after endeavoured to bring his "talents" into notice by the publication of a pamphlet on aneurism of the brachial artery. Full four-fifths on in the eighteenth century, we find him become one of the surgeons of the London Hospital. In 1790 he exerted himself strenuously to procure the passing of that vile surgeons' Bill which was so severely castigated by Lord Thurlow,—in the year 1800 he was one of the successful petitioners to George the Third, for the Charter now held by the College of Surgeons, (from which period he has been one of the ruling powers of that institution)—and now that we have dipped one-third into the nineteenth century, we find this gentleman still acting as the most *busy* surgeon in the London Hospital, to which institution he was elected upwards of fifty years since. He was knighted by George III., about the time that he was made surgeon to the hospital. He has ever taken a particularly active part in the government of his favourite College, and, to use a vernacular phrase, it was said that for many years he had "everything his own way" in that institution. If Sir William ever became an author, otherwise than by publishing his "Oration" and pamphlet, it is quite certain that the *man* has outlived the reputation of the *writer*. At one period he was considered to be expert and accurate in forming a diagnosis, and bold and skilful in the performance of surgical operations. As an examiner at the College of Surgeons, he has ever been dreaded by the students, from his austerity and testiness of manner, and from his pertinacious interrogatories connected with the minute anatomy of the neck. He has been a bold man in his day, having once leaped from his carriage and seized a highwayman by the throat, and he not long since invited to mortal combat his comparatively juvenile colleague in the College, Mr. J. G. Guthrie. The old gentleman is in every respect a man of mettle, has been an Adonis in his day, and, we believe, was sufficiently intrepid to pay a second visit to the hymeneal altar at the threatening age of fourscore years.

THE LANCET.

London, Saturday, March 30th, 1833.

When we state that we have examined with the most scrupulous attention the pamphlet on "*Self-supporting Charitable and Parochial Dispensaries,*" published at Hatchard's in Piccadilly, 1831,—the small octavo work of Dr. Storer, consulting-physician of the General Hospital of Nottingham, on the same subject,—the letters of Dr. J. M. Calvert,—the Reports, Rules, and Regulations, of the Self-supporting Dispensary at Derby,—the letters and addresses of Mr. H. L. Smith, which have been published in The Lancet and elsewhere, in furtherance of the like undertakings,—when we also state, that we have examined with the nicest care the whole of the correspondence, between Mr. J. F. Hulbert, Mr. E. F. Seagram, Mr. J. Toogood, and other gentlemen, which appeared in the *Bath and Cheltenham Chronicle* between the months of November 1827 and May 1828 inclusive,—when we further state, that we have investigated, with the most mature deliberation, the suggestions on Self-supporting Dispensaries, which were first published in 1818 by Mr. J. C. Yeatman, of Garston, near Frome, Somerset, as well as the able paper from the pen of that gentleman, published in No. 400 of The Lancet, April 1831,—besides not less than one hundred letters, from well-informed correspondents, on this one subject of Self-supporting Charitable and Parochial Infirmaries,—it will, we trust, be admitted that we have not underrated the alleged importance of these institutions, as relating either to the economical distribution of the poor's-rates, or to the provision of efficient medical aid for the destitute.

Having, in the performance of this labour, been influenced throughout by an earnest desire to arrive at correct conclusions, and having from the commencement resolved to state most candidly whatever opinions we might form from the materials placed before us, we feel ourselves now called upon to promulgate, in terms the most explicit, our views on this scheme for the general establishment of "Self-supporting Charitable Dispensaries." In the first place, the title exhibits a glaring misnomer. If the thing be "*charitable,*" how is it "*self-supporting?*" and if it contain the machinery of "self-support," whence the necessity of "charitable" aid? The title, therefore, is objectionable, inasmuch as the "free" members, or those who subscribe, weekly, a sum which is deemed adequate to the provision of medicines and attendance for themselves and families, are required to connect themselves with an institution which, at least in one third of its proceedings, may be regarded as strictly *eleemosynary,*—a circumstance that would deter many individuals of independent feelings from belonging to these establishments. The inappropriateness of the title, however, might have been passed over in silence, had it not furnished, at least to our minds, the most decisive evidence of an incorrect knowledge, on the part of Mr. H. L. Smith, of the subject which he was investigating, and of the source of the evils which that gentleman was anxious to remove. Mr. Smith, we dare say, like other country practitioners, observed the neglect of the poor, the cruelties perpetrated possibly by hired overseers, the heartless inattention of the clergy to the wants of the sick, the scandalous under-biddings of incompetent surgeons in their contentions for "*farming*" the poor; and, hence, excited by benevolent feelings towards the distressed, and by due sense of justice on behalf of his persecuted brother practitioners, he directed his mind to the painful results that were daily presented to his view, and

laudably endeavoured to construct a machine, which, in its useful workings, should provide a remedy for every wrong. Still we must not press upon Mr. SMITH any claim to originality in this respect, as that gentleman has acknowledged privately, though not publicly, that he "took the hint for establishing Self-supporting Dispensaries from the pamphlet which was published by Mr. YEATMAN in 1818." The very words indeed of this gentleman were quoted by Mr. SMITH, without acknowledgment, in his Essay, first published in 1819. We repeat, therefore, that we do not press upon Mr. SMITH any claim to originality in this dispensary-scheme, unless it consist in a deviation from Mr. YEATMAN'S views, which renders the entire undertaking, as now carried into operation, — utterly unprofitable to the profession, and, nearly, if not wholly, useless to those unhappy individuals who derive their miserable subsistence from the hands of parochial officers. In acquitting Mr. SMITH of the imputation—for really such we should regard it—of being the *discoverer* of these dispensaries, let it not be inferred that we bestow censure on Mr. YEATMAN. No; this gentleman is a strong-minded, clear-headed, reasoner, and evidently does not think it just to write on a subject until he thoroughly comprehends it. Mr. SMITH "took the hint" from Mr. YEATMAN'S production, — a species of taking for which the author of the pamphlet surely cannot be accountable.

But if the title itself be objectionable, what are we to say of the *plan*? This plan embraces the distribution of three *tickets* amongst the patients,—the first, or "blue ticket" to each member of the "free" class, who, "on the recommendation of the clergyman, or two respectable householders," subscribe a weekly payment of one penny,—the second, or "white ticket" to each person recommended by the "honorary" subscribers,—the third, a "*yellow* ticket," typical of work-house stockings, is given to the "parish pauper," an attendance on whom in sickness is contracted for by the overseers. Such is the disposal of the tickets, and with respect to the *government* of these dispensaries, we find the following passage in one of Mr. SMITH'S letters, published on the 23d ult., in No. 495 of THE LANCET. "To those who know anything of the grades of responsibility in society it will be manifest, that a class of honorary subscribers are necessary on another account; for it is amongst them the machinery must be found of committee, secretary, treasurer, collectors, or auditors of a dispensary can be found. For the benefit of the physical strength, we must combine it when we can with the moral worth of each neighbourhood respectively, and I therefore entirely concede to the rich the privilege of finding the outfit, and part of the annual income. Happy they who will so condescend to win the affections of the poor!"

Thus we perceive that the "physical strength" of the labouring classes is to be united with the "moral worth" of the fox-hunting, horse-racing classes, and this in order to ensure just arrangements and protection to the "free" members who subscribe to the institutions weekly, in order that they may be *their own* protectors. In short, the "free" members have no voice in the government of their own institutions! "But," say the rules, "every patient, of all three classes, shall be permitted to have the advice of the practitioner whom he prefers"—a generous provision, considering the conditions which are annexed to it:—"that every regularly-educated practitioner residing within the district comprehended in the arrangements of each dispensary, shall be *allowed to offer* himself as a medical officer of the institution." Ah! but what follows?—"The *acceptance* of the offer is to be regulated by the committee!"—So that if

Blue Ticket require the assistance of Mr. Skilful, and Mr. Skilful's offer has not been "regulated" by the Committee, Blue—the "free" member, must put up with the advice of Mr. Knownothing, who, as being toadeater to the "Honoraries," happens to be in high favour with the gentlemen of the Committee. A truly notable privilege!

Well, but the scheme has been *at work*, and Mr. Smith points triumphantly to the results. Fortunately, Mr. J. Jones, one of the surgeons of the *Self-supporting Charitable Dispensary* at Derby, has transmitted to us the second annual report of that institution. Accompanying this document, there reached us an exceedingly clever letter from Mr. Jones. This gentleman eulogizes, in the most glowing terms, the efforts of the conductors of the self-supporting dispensaries, and considers that they will in the end confer incalculable advantages on the profession, and on the community. Mr. Jones writes with the zeal of an enthusiast in the cause, and we regret that his communication—occupying as it does eight sides of foolscap, is much too long for insertion. There is the less necessity, however, for its publication, as this is an affair which calls for a display of fact, rather than a show of argument. The boasted utility of the self-supporting dispensaries has become matter of demonstration; hypothesis is not agreeable, when it is made to supply the place of proof. Designed, then, to afford protection to the poor, to destroy the "farming" system in the parishes, and to furnish "competent remuneration" to medical practitioners, how has the self-supporting dispensary at Derby succeeded in effecting these objects of its promoters? Hear the Report of the Committee:—

"Your Committee lament that one of "the objects proposed by the supporters of "this institution—namely, to supersede the "very objectionable system of farming pa- "rishes, *has been frustrated*."

Thus far we have an acknowledgment, that *one* of the "pre-eminently successful," self-supporting dispensaries has been wholly un-successful in one of the three main objects of its supporters. And what is that object? Why, to prevent the "farming" of the parochial poor, or rather, we ought to say, it has failed to effect a transfer of the poor from individual surgeons to the "honorary" committee of the dispensary. A few remarks on this part of the subject will be demanded presently, as it is now necessary that we should refer to the other two great objects, and see how these have been accomplished in the Derby self-supporter. We must copy the statement from the Report;—

"*Patients attended in the past Year.*

"Cases from the free class 796
"——————— charity class .. 638
"Total ..... 1434."

And mark, reader, of this number, five hundred and two were visited at their own houses. Here, then, we have an acknowledgment in the Report itself, that fourteen hundred and thirty-four "cases" have required visits or medicines, or both, within the past year. Now, averaging the attendances either at the Dispensary or at the patients' own homes, at four, and only four to each patient, there are five thousand seven hundred and thirty-six attendances at the Dispensary, or at a distance from it, which were rendered by the medical practitioners—consisting of *seven surgeons* and *a consulting physician*. Now, gentle reader, you must recollect that these dispensaries were projected, because of the inefficient medical attendance afforded to the sick medical poor,—because of the contract-system in the parishes,—and because of the shamefully-deficient pay awarded to the members of the medical profession. Carrying these points promi-

nently in mind, observe the reward which has been afforded to seven respectable surgeons and one physician, for their attendance during a whole year on fourteen hundred and thirty-four "cases" of disease, requiring,—besides medicines,—five thousand seven hundred and thirty-six prescriptions or visits. We copy again from the Report:—

"Paid to the seven surgeons £78 13 0½!"
To the physician ..... 0 0 0.

This sum, be it recollected, of seventy-eight pounds thirteen shillings and a half-penny,—leaving not even the odd half-penny for the physician,—included charges for attendance in *twenty-three cases of midwifery*!

Here is a picture of the improved state of things under Mr. H. L. SMITH's charitable dispensation. Need we trouble our readers further on the subject? Additional details are certainly unnecessary,—at least other extracts on the monetary affairs of the Dispensary cannot be required.

That the farming of the poor, as at present practised in many of the counties, is a serious evil, alike injurious to the distressed sick, and detrimental to the interests of the medical profession, cannot be denied. Admitting the wrongs inflicted by this obnoxious system, are we to infer that Mr. SMITH's proposal carries with it any strong recommendation? What is that proposal, as a means of relief to the two injured parties? A *transference* of the contract from the parochial surgeon to the surgeons and Committee of the Self-supporting Dispensary. Now if *one* surgeon be influenced by improper motives in bidding too low a sum in *his* contract, why are we to give a committee of surgeons credit for purer motives in bidding for *their* contract? The object of the individual surgeon, doubtless, in offering to attend the poor at a less sum than would be the amount of his actual expenses in medicine, would be to extend his connexion among the more wealthy inhabitants of the parish. Would a *committee* of surgeons be aliens to such motives and feelings? Certainly not; and from their numbers, partaking unhappily of the character of a *corporation*, the stimulus to a punctilious discharge of duty might be lessened in an exact ratio to the *diffusion* of the real or supposed responsibility.

Of professional benefits, therefore, none can be said to accrue from the operation of such a system—at least there are none manifest, from the working of the one at Derby. Without then conferring any advantages on the medical practitioners of the district, Mr. SMITH is for calling into operation a mode of relief for the distressed poor, which would take them from the parish surgeoon, and consign them to a committee sitting at a distant dispensary. Here it is where the evil would fall with dreadful, persecuting cruelty, on the heads of the devoted poor—the stigmatized bearers of the "Yellow" tickets. These "paupers" constitute the last of the three classes, and at the bottom of each of their tickets is the following notification:—

"N.B. No person of this third class, "dependent on the labour of others, to be "allowed the extra privilege of the free "members."

Mercy on us! Is this the benevolent Mr. SMITH? Is this written in a feeling of charity? To tell a man at the age of threescore and ten, who, during fifty years of his life, has laboured with unceasing industry, and conducted himself with undeviating frugality—whose limbs are rigid with age, and whose joints are locked in rheumatic spasm by toil—whose cottage has been the constant scene of destitution, and whose parental feelings have been distracted by the cries of his children for bread—is such a man, in the last moments of his miserable life—such a man who has earned, daily, fourfold the value of his wages, to be told, when he applies for

relief for his aching bones, that he is "*dependent on the labour of others*," and cannot, therefore, be allowed the privileges of a weekly subscriber of one penny!

Mr. SMITH, and the other promoters of his "self-supporting dispensaries," should know that the honest poor man, who is deprived of work, or of the means of working, is as much entitled to a maintenance out of the parochial funds, as is a nobleman to a subsistence from his funds in a bank. The land, although divided and subdivided for the convenience and utility of society, is the real property of the whole of the people of a country. Upon this unquestioned and unquestionable proposition, the 43rd of ELIZABETH was enacted.

In passing that law, the voice of nature spoke, and proclaimed to the landed proprietors the terrific announcement that, as the occupiers of the soil, their destruction was before them if they denied sustenance to those unfortunate persons who were not possessed of available property. As these pages cannot be legitimately devoted to the discussion in detail of this subject, we must content ourselves by reminding Mr. SMITH that the stigmatized "pauper," when he applies for parochial relief, does not solicit *alms* from the hand of *charity*, but demands a right, which he can enforce under legal statutes. Another fact, bearing on this subject, should never be forgotten—that the overseer, as the legal guardian of the "pauper," is amenable to the law if the poor in his custody die from want of proper food or efficient medical attendance; and, further, a fact of still greater importance, that if an overseer refuse to give a destitute person an order for relief from a surgeon, such surgeon, even though he do not receive an overseer's or churchwarden's written sanction, may visit the patient, supply what is necessary, and recover at law from the parochial officers, if his demand be disputed.

This is a state of things not likely, we think, to be amended by the "Self-supporting Dispensaries" of the philanthropist of Southam.

WE have received the French journals published in Paris up to the 23rd instant, some extracts from which are inserted in another part of this journal. Thus not a week has elapsed between the promulgation of French additions to medical science, and their circulation through the remotest counties of England. On the 30th, this day, the medical news will, for instance, be in York. Nothing like this celerity has before been heard of in the annals of medical literature, save in previous similar accomplishments of THE LANCET. Thus, on more than one occasion, a lecture delivered in Paris on a Monday evening, for example, has been reported *verbatim*, translated into English, transmitted to London, and perused in the columns of this journal on the following Friday evening by our metropolitan readers.

The numbers of the *Gazette Medicale*, the *Journal Hebdomadaire*, and the *Lancette Française*, just received, derive their chief interest from the testimony which they convey of the general indignation excited in Paris by the unprincipled government of LOUIS PHILIPPE, in the affair of the "thousand cholera medals," which have just been distributed, and the names of whose possessors have been officially published in the *Moniteur*. Nothing more disgraceful than the whole proceeding can easily be imagined. An innumerable multitude of citizens had "done their duty," fearlessly, heroically, in the teeth of a raging epidemic. Among the number the medical profession stood foremost. Of these, the resident pupils (*élèves internes*) of

the hospitals, and the editors of the medical journals, were confessedly the first. The pupils watched night and day at their melancholy posts, themselves more than decimated in the fulfilment of the charge. The journalists collected, with a degree of zeal and ability altogether unexampled, myriads of practical observations, of therapeutic lessons, of experimental results, valuable beyond calculation, and circulated them at once among the profession and the public. As might be expected, the nation was unanimous in its praises of these humane exertions, and the government journals re-echoed the cry. The only question that was then agitated was, How could such deserts receive an appropriate recompense? This was certainly a difficult problem. The organs of the medical profession, however, recommended, that the body of medical practitioners should receive no *individual* reward, but that a public monument should be erected in commemoration of their devotion, while for the pupils they proposed that their reception to the doctorate should be gratuitously accorded. This was wisely thought, but the opportunity of exhibiting a base ingratitude, and calling into action the most pitiful of human passions, was seized by the despicable advisers of the "citizen king;" and it was resolved, that 1000 medals should be struck and distributed amongst the "most meritorious," by a secret committee, appointed, no one knows how, and composed of no one knows whom. Their decisions proved to be such as were *à priori* anticipated. They have just published their list, and the following are its most prominent features.

At its head stands MONSEIGNEUR the DUKE OF ORLEANS!! and then in alphabetical rotation the names of cabinet ministers, mayors, police spies, magistrates, physicians, surgeons, sisters of charity countesses, and quacks. Among this lis there are, doubtless, many deserving persons, for the majority of the people of Paris did their duty on the occasion. But,—will it be believed out of France?—the *internes* have been completely omitted from the list,—with the exception of a few who did duty at one hospice, the *Salpetrière*! MM. JULES GUERIN, BOUILLAUD, and FEBRE, the editors of the three weekly journals, the *Gazette Medicale*, the *Journal Hebdomadaire*, and the *Lancette*, are also passed over. The officers of health at the military hospitals, including M. CASIMIR BROUSSAIS, have been similarly treated; and as for the working classes, who did all the manual labour and drudgery of the time, not even one has been rewarded. All this, too, is unblushingly done, while M. GISQUET, the prefect of police, whose blundering terror of an "universal poisoning," and ludicrous proclamation thereon, led to the commission of numerous murders in the streets of Paris, occupies, along with his phalanx of spies and satellites, a remarkable space in the columns of the *Moniteur*. We may add, that one of the first on the list is a M. BELIOL, whose advertisements to cure the "itch, the tetters, and secret diseases," are pasted on every wall in Paris!

Under these circumstances it is not to be wondered at, that the publication of the list has excited general reprobation. M. MAGENDIE, to whom a medal was awarded, *immediately returned it to the Minister*. M. THIERRY, another eminent physician, did the same, accompanying his refusal with a note, stating that he never would wear a medal the fellows of which had been conferred on such a man as the Prefect of Police. Several other individuals have done the same, so that in a few days we have little doubt but that the minister will have received back as many medals as will enable him to decorate VIDOCQ, and such others of his clique as have not yet received the distinction.

The jurors have this week taken the first steps in the appreciation of the anterior titles of the candidates for the Paris chair of clinical medicine, and certainly there never was anything more injudiciously, not to say inequitably, managed. Instead of proceeding at once to the oral and thesial competition, they have determined to commence with the examination of the previous publications of the competitors, a task which will require a considerable time to perform it, during which the concours, strictly speaking, might most conveniently proceed. The delay thus occasioned, presses severely and unequally on the provincial candidate M. Chauffard, of Avignon, who has left an extensive practice to try his fate in the lists. M. Chauffard accordingly protested against the arrangement, but in vain. He then intreated permission to deliver his lectures at once, and was again unsuccessful. Lastly, he asked leave to deliver them last, and this he was refused. These decisions will very probably cause M. Chauffard's retirement, and will, doubtless, deter many formidable provincial competitors from inscribing themselves as candidates in subsequent concours. This is exceedingly unjust. Either the anterior titles should be the last point considered, or the provincial candidate should have a right to priority in the exercises required.

The next vice in the proceedings of the jury is the mode of appreciating the anterior titles on which they have determined. We by no means desire to disguise the difficulty of the matter, but the jurors have at least committed one serious error, which they might have easily avoided, and which we shall subsequently point out. They have decided that each juror shall examine the works of a particular candidate, and then report on them to the other jurors within a given time; and, secondly, that each juror shall select any candidate he pleases. The first of these resolutions is essentially erroneous, and cannot be carried into effect, either with the desirable efficiency, or with the unerring equity, which is so vitally important in these proceedings. According to this principle, the opinion of one juror, however arrived at, be it correct or unfounded, be it influenced by love or by hatred, or by any other passion, is to receive the sanction of his fellow judges without their having the means of forming a rational notion of its character. The juror thus finds himself erected into an absolute and individual judge, and he possesses the unlimited means of nullifying the first class of pretensions brought forward by the candidate, and so of materially invalidating the merits of his subsequent efforts in the concours, for be it remembered, the election is decided by the highest amount of numbers obtained in the *entire* competition, anterior titles, and all. It is manifest here, that every juror should study the anterior titles of all the candidates, a matter of practical difficulty it is true, though one which may be proved to be susceptible of an easy remedy. But it is the second resolution to which we would most emphatically object, namely, to the selection, by each juror, of the candidate whose works he is to examine. This is so monstrous, so tangibly absurd, so wide a field does it throw open for the operation of sinister and corrupt influence, that extreme simplicity and self-consciousness of virtue can alone have led to its adoption. Moreover, there was no difficulty on this branch of the subject. A simple ballot, or the selection of the candidates' names from a closed urn, would have obviated all objection. Why this was not resorted to we cannot at all comprehend. As it is, the reader who is conversant with Parisian medical politics, prejudices, and predilections, can find in the subsequent list elements for anticipations to which we hardly need give expression.

List of Candidates and Judges.

Candidates.	Judges of Anterior Titles.
M. Cayol.	M. Petit.
Trousseau.	Andral.
Gendrin.	Desgenettes.
Rostan.	Berard.
Chauffard.	Landre Beauvais.
Martin Solon.	Dumeril.
Casimir Broussais.	Fouquier.
Saudras.	Jadioux.
Piorry.	Bouillaud.
Gibert.	Chomel.
Rochoux.	Ferrus.
Gauthur de Claubry Dalmas.	Adelon.

As the oral proofs will not at this rate commence for some weeks, we may probably be induced in the interval to present our readers with an analysis of the works of the leading candidates, commencing with the "Clinique Médicale" of M. CAYOL and the "Médecine Pratique" of M. CHAUFFARD.

DRS. GRANVILLE AND LEE.

WE notice in this place the controversy between these physicians, in order to explain to the numerous correspondents who have written to us on the subject, the rule by which we mean our conduct to be governed. This notice, therefore, although intended for the general reader, is more especially addressed to "ARGUS," Dr. SKIPWITH, "CRITICUS," "PHILO-PHYSIOLOGIA," Mr. MORGAN, Mr. STODART, Secretary to the *Westminster Medical Society*, and others who have written to us on the subject in dispute.

How commenced, and how stands, this affair? Dr. GRANVILLE, in an address to the *Westminster Medical Society*, advanced some statements relative to modern discoveries connected with uterine gestation. When he had concluded, he was reminded by one of the members, we believe Mr. CHINNOCK, that in an enumeration of modern physiologists he had omitted the name of Dr. ROBERT LEE. Dr. GRANVILLE, without hesitation, admitted the fact, and proceeded to justify the omission by avowing his non-recognition of Dr. LEE as a discoverer in the branch of science then under discussion, stating, at the same time, that the substance, and almost the very words, used by Dr. LEE in his paper "on the structure of the human placenta and its connexion with the uterus," had been published by Professor LAUTH, of Strasburgh, in 1826. At a second meeting of the Society, Dr. LEE attended, denied having ever seen LAUTH's paper until two days before that evening, and said that the two essays were so unlike in object and expression, that there were not the slightest marks of identity between them. At the termination of Dr. LEE's address, Dr. GRANVILLE offered to produce, on paper, "parallel passages" from the two papers, on the following Saturday evening, but this proposal was not acceded to by the friends of Dr. LEE, who were anxious that the comparison (both papers being in the room) should be made on the spot. This, Dr. GRANVILLE declined instituting, on the ground that the examination required to be more carefully made than such an occasion admitted. Whereupon the pointed denial by Dr. LEE, of having ever before known that LAUTH had written on the subject, seemed to be received by his defenders as a settlement of the question.

On the following Saturday, the subject was again introduced by some of the friends of the respective parties, but as Dr. GRANVILLE and Dr. LEE were neither of them present, the conversation quickly terminated. On this occasion Dr. LEE's friends complained that Dr. GRANVILLE had neglected to attend with his "parallel passages." They were reminded, however, that the offer had been declined, and set at rest, as far as the Society was concerned. Thus matters continued for a week, when the alleged parallel passages, taken from the pages of Professor LAUTH and Dr. LEE, were published in this journal. The controversy once opened in an epistolary communication in our pages, we are threatened almost with annihilation by the paper bullets issuing from the well-stored magazines of the friends of the adverse parties.

Dr. GRANVILLE presents himself as the

advocate of the foreign discoverer, Professor LAUTH, and in that capacity has published a statement which he appears to consider as highly favourable to the claims of the continental physiologist. Are we, then, required, in this stage of the discussion, to publish the communications of those gentlemen who agree with Dr. GRANVILLE? Duty does not demand, inclination does not induce us to adopt, such a course. On the other hand, ought we to publish the declamations, protestations, and reclamations of Dr. LEE's friends, while Dr. LEE himself remains silent, and hazards no effort to prove that the passages, which are alleged to be so nearly identical, consist of a mass of the most irregularly-disposed angles?

On withholding, then, the letters in support of the views of Dr. GRANVILLE, we refrain from publishing the communications which we have received on behalf of Dr. LEE, and shall maintain this resolution so long as Dr. LEE himself deems it prudent to observe silence. If the Doctor's own judgment induces him to believe that it is *unnecessary* to speak, probably he would imagine that we inflicted on him a disservice in permitting excited and zealous friends to speak for him. Before offering any opinion of our own on the subject, we should like to be apprised by Dr. LEE's own pen, of those disclosures connected with the anatomy and physiology of the gravid uterus on which he founds his claim to the title of discoverer. Privately, we can have no feeling on the subject of this controversy, as the persons even of Drs. GRANVILLE and LEE are wholly unknown to us.

LITHOTRITY.—The *Gazette Medicale* of Saturday the 23d March, contains a paper by M. LEROY D'ETOILLES on the situation best suited for patients undergoing the operation of *lithotrity*. The essay is illustrated by some excellent wood-cuts, and is altogether one of much utility. Passing in review the several kinds of beds hitherto recommended, M. LEROY gives his preference to that devised by M. HEURTELOUP, but he does not consider it all indispensable to the operation. With respect to the mode of supporting the instruments employed, the author makes some observations which seem to us exceedingly valuable. According to Baron HEURTELOUP, the *fixing* of the instrument is almost indispensable. Other surgeons, amongst them M. CIVIALE and Mr. COSTELLO, deem that preparatory step dangerous in the extreme.* M. LEROY seems to participate in this opinion;—at least, in cases of irritable patients he never fixes the instruments, lest a sudden jerk by the patient should lead to the injury of the bladder. In confirmation of this opinion, he cites a very instructive case, in which, on the movement of the patient, this accident was merely prevented by the fortuitous yielding of the stone, which fell into pieces at the movement, and permitted the instrument to ascend the urethra without doing material mischief. A case is on record, we believe, in which the fixation became the immediate cause of death. Numerous instances, however, are familiar to our readers, where its ascribed advantages were countervailed by no accident.

ERGOT OF RYE.

AN admirable essay on the use of ergot of rye in menorrhagia and metrorrhagia, has just been published in the *Bulletin Général de Therapeutique*, by MM. Trousseau and Maisonneuve. We subjoin the conclusions they deduce from their observations, together with a tabular epitome of the cases from which they reason. These researches deserve the deep attention of all practical men.

"*Conclusions.*

"From the preceding facts we deem ourselves entitled to conclude,—

"1. That the ergot of rye exercises on the uterus a powerful, but transitory, action.

"2. That this action chiefly concerns the fibres of the organ, and determines their contraction.

"3. That these contractions, constantly accompanied by pains, put a rapid stop to

* In lithotrity, we should say, but not in lithotripsy, in which latter the fixation of the percussor is essential to the performance of the operation.

menorrhagic discharges, on whatever cause they depend.

"4. That the state of the uterus in no respect influences the production of the pains.

"5. That the pains are observed even when a part of the neck of the uterus is affected with cancer.

"6. That the ergot of rye acts on the centre of the nervous system as a narcotic.

"7. That the resulting phenomena are slow but durable.

"8. That they are never serious or dangerous when we confine ourselves to combat the menorrhagia.

"9. That the dose may, without danger or inconvenience, be carried to several drachms in the course of four or five days.

"10. That in the treatment of menorrhagia, divided doses, given at equal intervals, are to be preferred.

"*Lastly.* That we need be under no apprehension of commencing with a drachm dose, divided during the first twenty-four hours.

Tabular Epitome of the principal circumstances of the facts contained in the body of the Memoir.

Cases.	Age.	Number of Children, or Miscarriages.	Duration of the Disease.	Cure in	Quantity of Ergot taken.
1. Menorrhagia	18	—	13 days	60 hours	216 grains
2. Ditto.....	23	—	6 weeks	7 ditto	108
3. Ditto.....	30	—	15 days	44 ditto	168
4. Ditto.....	39	—	1 month	¼ hour	108*
5. Ditto.....	41	—	ditto	6 hours	204
6. Ditto.....	28	1	9 days	18 ditto	192
7. Ditto.....	23	2	1 month	3 days	240
8. Ditto.....	32	3	9 days	4 ditto	132
9. Metrorrhagia	36	2	8 days	24 hours	180
10. Ditto.....	30	5	6 hours	½ hour	51
11. Ditto.....	30	Several	7 days	10 days	192
12. Ditto.....	35	10	4 days	5 days	288
13. Carcinoma uteri	49	—	36 hours	36 hours	120.

* "In this case the discharge ceased in a quarter of an hour after the administration of the first dose 48 grains; the administration of the ergot was, however, continued until the third day."

ST. THOMAS'S HOSPITAL.

CLINICAL REMARKS BY DR. ELLIOTSON,

ON A CASE OF DIABETES MELLITUS, TREATED WITH STYCHNINE AS A SUBSTITUTE FOR OPIUM.

THERE is a rather rare case at present (March 7th) in the hospital, Gentlemen, one, in fact, which came in before the commencement of the present session, and of which it is right that I should say something to you, as there has not been one of the same kind admitted since, and probably will not be for a length of time.

It is a case of diabetes—a very singular disease—one in which the urine contains a substance that is foreign to the human body—sugar. How it is produced there I do not know, and there are no appearances after the death of a patient, when it proves fatal, to explain the cause of its occurrence. Nor is it known with certainty whether it arises from disordered action of the kidney, or of the assimilating or other organs. The disease is usually attended by an excess, a preternatural quantity, of urine, and in consequence of the excess of that fluid, a number of other symptoms arise; but neither do these show us the nature of the disease, for they may all be produced, whether the original disease is in the kidneys, or some other part. The accompanying symptoms are, great thirst, and, generally, a dry skin, so that even the hair of the body falls off, and there is more or less wasting of the flesh. The former may arise simply in consequence of the discharge of so much fluid. They are its natural result. The production of sugar also tends to create the last-named symptoms, sugar being a solid substance, the discharge of which from the system must increase the exhausting effects of the large discharge of fluid. This waste draws the nourishment from the body; the fat becomes absorbed; the function of nutrition is overbalanced; great weakness generally exists, with the universal emaciation. Frequently, too, the legs swell, and there is, especially, a loss of sexual power and

sexual desire. In fact, I never saw a case of diabetes in which this loss was not very striking. Of course it is not *complained* of at the first onset of the disease; yet it begins often almost as soon as the disease commences, and is sometimes the first symptom that the patient notices. It is difficult to account for this loss of sexual power and desire, for it is far more than commensurate with the weakness, and, indeed, is sometimes noticed before the weakness is felt at all. It is a symptom which is mentioned by few authors, but all the patients that I have had, have confessed the loss of this desire. They also suffer great depression of the spirits. There is, at the same time, no want of appetite. The thirst is great, and there is as much hunger as thirst. The hunger, in fact, is quite inordinate, and it is thus heightened, I presume, by the waste of urine. The patients generally say that they have a constant craving at the pit of the stomach, which, I presume, dissolves its contents so rapidly, that it is emptied of food very soon after the meal is finished. Whenever there is a great call for nutrition in the system, the food is digested as fast as possible. In the man now in the hospital, there was extreme thirst and great appetite.

Besides these symptoms consecutive on the waste of urine and solid material, there is generally a dry tongue and dry skin, acceleration of the pulse, though, of course, it is weak. Frequently there is heat of the mouth, and in most cases redness of the tongue and gums, and at the extremity of the urethra, so that phimosis is not an uncommon consequence if the prepuce is long. The tongue has frequently a peculiar appearance; it is amazingly smooth as well as red; and sometimes white, but not often. This man complained of heat in the mouth and throat, and of an acid taste. Sometimes patients complain of a sweet taste in the mouth and breath. Dr. Latham says that diabetic patients often smell like new hay, but the skin is so dry, that I should imagine there is rarely moisture sufficient exhaled from it to allow this smell. I should refer it to the breath. I examined this man's saliva with litmus paper, and found it to be very acid.

As the disease advances, it is common to see a flushing of the cheeks, and the quantity of urine is of course increased, and its quality still more deteriorated. On his admission, this man made thirty-two pints in the twenty-four hours. The quantity is sometimes larger than this. Dr. Peter Frank, of Vienna, mentions a case where it amounted to forty pints a day, excepting on great occasions, when he made fifty-two pints a day. The usual quantity is from six to twenty pints in the twenty-four hours. It will even exceed the quantity that is drunk. This I have myself noticed very often. It is not *uniformly* the case, but in some patients it is steadily so. Peter Frank says that he saw a case in which it exceeded the whole weight of the body in a few days. In some cases, however, the quantity of urine is not only not increased, but will fall below the natural standard, the quantity of sugar not diminishing, but perhaps increasing. Peter Frank mentions a case in which there was no excessive quantity of urine, but yet every pint gave six ounces of saccharine extract.

In this disease, the specific gravity of the urine also increases. The specific gravity of the blood and healthy urine, varies in different persons. Urine varies from 1010 to 1020, water being 1000. In diabetes it increases, in consequence of the presence of sugar, so much as sometimes to be as high as 1050; it must depend almost wholly upon the sugar, for there is very little other substance generally in diabetic urine besides plain sugar. I have myself frequently seen it at 1050, and I once saw it, I think, even 1055. In this man the specific gravity reached to 1035. That is not enormous. If you hold a portion of diabetic urine over a candle, and evaporate it, nothing remains but pure sugar, like that of grapes rather than of the sugar-cane. Dr. Prout obtained two ounces of thick stuff, and one ounce and a half of pure sugar, from one pound of urine at 1050. Dr. Frank got twenty-six ounces from twenty-four pounds of urine. Dr. Dobbs obtained twenty-six ounces of saccharine stuff from twenty-four pounds of urine, and Mr. Cruickshank three ounces and a half of saccharine extract from thirty-six ounces of urine. Ten pounds of urine at 1040, will commonly give one pound and a quarter of solid extract. As you might naturally suppose, diabetic urine, if you keep it, will, in consequence of the sugar which it contains, undergo the vinous fermentation, and become spirit, such as it is, so that when put into the fire, it burns.

But there are more changes in the urine than the production of sugar. The urea is greatly diminished, and it is said even to be sometimes entirely absent. Often, however, it is not diminished. Further, too, the natural salts of the urine, and the uric acid, are diminished, and I have seen some diabetic urine in which there were none of these latter substances at all. It has been supposed by persons speculating on the phenomena of the disease, that the urea being absent, the sugar has taken its place, but I believe that sometimes when there has been but a small quantity of

sugar, the urea has been found in great abundance.

The circumstances which I have now explained to you, are the most curious peculiarities connected with diabetes. It may be worthy of note, that there is no sugar at the same time in the blood of diabetic patients; at least the best chemists agree that there is none, though some other chemists do say that they have found a little of something like sugar. If, however, it is quite certain that the blood does not necessarily undergo change, then probably the disease is in the kidneys. There is one circumstance which certainly tends to show that the kidneys themselves are in fault, and that is, that blows over that region will produce diabetes. It is a curious fact in the disease, that where fatal, sometimes the sugar will entirely disappear before the patient dies. This is one of the worst symptoms that can occur. Then there is a species of diabetic urine which is considered by Dr. Prout as worse in its prognostication than any other—urine in which minute white shreds appear, filaments of an albuminous character. Whenever these occur, diabetic urine has a greater disposition to ferment than it has without them. Some chemical writers say, that albumen appears in the urine before the salts and urea reappear, but I do not know from my own observation whether that is the case. As to the blood in this disease, I have frequently examined it with my eyes only, but I never could by that means discover any change in it. It has always looked perfectly natural; and I have repeatedly given it to Dr. Prout, one of our best chemists, but he has never been able to find any sugar in it, though sometimes he has seen a something *like* sugar in it. The late Dr. Watt, of Glasgow, said that it sometimes looks bluish like treacle, and of course he saw it so as he stated, but for myself I must say that I never witnessed anything of the kind, though I have seen the blood in many diabetic cases. I have sometimes seen it of a chylous character, whitish, just as it is in some people after dinner, but nothing else at all peculiar in it could I ever discover. I have seen it, accidentally, buffy. Some writers say that no urea is to be found in the urine, even although the patients had been swallowing it for some time before as a remedy. But urea generally does exist in the urine, and often largely. It is said that diabetic blood does not putrify so speedily as the blood of a healthy person.

Although the skin in this disease is usually dry, as a consequence of so much moisture of the body flowing to the bladder, yet it is not an unfrequent occurrence for the patient to sweat, and profusely too. The man now in the hospital did so, and I have had these patients deluged in perspiration. No advantage, however, results from this, though if the disease be declining, sweating may be a good sign, as being the consequence of a favourable change. The disease has a great tendency to terminate in or be joined by phthisis. This is, in fact, a very common termination, whether induced by the diabetes, or following it as one link in the chain of events which complete the disease. Occasionally it kills by mere exhaustion, and sometimes sudden death occurs. When a student, and attending the practice of others, I saw a few instances of this. The disease sometimes remits and sometimes ceases altogether, or is cured; but that is, I imagine, a rare result. The quantity of urine and sugar generally decline together, but sometimes the quantity of urine continues the same, and the fluid gradually loses the sugar, until it is quite gone, so that sometimes "insipid diabetes" or polyuria is said to exist. The term *diabetes mellitus* is more properly employed when the sugar exists, and *polyuria* when the urine is excessive without sugar.

The disease varies greatly, as to its frequency in different countries. In Scotland it is very prevalent. In this country it is comparatively rare. Frank saw but three cases in Germany in twenty years, and seven in Italy in eight years. Tulpius says, "affectus certe adprime rarus: quem Galenus duntaxat bis, et victor Trincavellius spatio 40 annorum ter solummodo vidit, et nos in frequentibus ægris bis improspere, et semel feliciter in annu sexegenaria ante diem 14 sanata."

I will now speak of the treatment of the case at present in the hospital. There is no doubt that bleeding is a remedy which often does good in diabetes, and that animal diet tends to control it. Opium, too, which has nothing whatever apparently in its qualities that is in common with animal food or bleeding, has a decided influence over the disease. I have frequently employed two or all of these together; and I more or less adopted these three classes of means in the present case. The man was very hungry, and longed for meat, especially fat pork; so I allowed him a pound of fat bacon every day, though I did not restrict him to flesh. Every now and then, too, his pulse was such that I thought it right to bleed him.

Although opium has a great power over this disease, lessens the sugar and the amount of the urine, and increases the uric acid and the salts, yet I never cured a patient with opium alone. You may give it gradually or suddenly; it may be pushed

to as great an extent in this disease as in any other. In one case, for instance, which was treated in this hospital, I at last gave 40 grains of opium, three times a day, which to persons who are professed opium-eaters, is not a wonderful quantity, and he got better from taking it, so that the sugar disappeared entirely; but one day a great mistake was made, and instead of the opium pills, forty blue pills were given him by the dispenser, at a dose, three times in the course of the day, 120 pills in the whole. Before the day was past, however, the error became manifest; he was violently purged and salivated; and as soon as the discharge from the alimentary canal ceased, the diabetes increased, and I never again could make opium exert the least influence over his disease.

Well, in the case now in the hospital, I thought of trying *strychnine* as a *substitute for opium*. As it is a very powerful narcotic, it struck me that it might do as much good as opium, if not more, opium never having cured a case in my experience. I accordingly gave this man strychnine, beginning with the twelfth of a grain three times a day, which was gradually increased up to half a grain three times a day. This latter quantity produced catchings of the extremities and giddiness, so the dose was diminished. He subsequently got to four-fifths of a grain, and then the medicine was omitted because of the catchings coming on again, and the sulphate of strychnine was employed in its stead. Of that he began with the eighth of a grain, and got up to *three-fifths*. This medicine, then, I continued in place of the opium, with as much victuals as he could eat, and that was a pound of fat bacon daily, and double the usual quantity of bread. I had no hesitation in acceding to his great desire for animal food. I never have been able to restrict patients entirely to animal diet for a length of time; and I believe that the advantage of the restriction is usually but temporary. Well, I bled him, four or five times, to twelve ounces, as his pulse was full, whenever he was hot and feverish. He suffered somewhat from dyspepsia, and for this I gave him hydrocyanic acid, two minims three times a day, increasing it gradually to nine minims. This enabled him to keep the fat bacon on his stomach, and prevented it from ever rising in his mouth. As the rancid rising became too strong for the counteracting effects of the hydrocyanic acid, the medicine was increased, gradually, to two, three, four, and five minims, and so on, and nine minims completely stopped the dyspepsia. He now became tired of the bacon, as well he might, for he had been eating it daily from the 13th of November last to the 1st of March, and he desired that he might have raw beef instead, and be allowed to cook it himself. This was allowed him, and he ate it very nearly raw. Under this treatment he improved greatly, and he now makes but nine pints of urine in the twenty-four hours.* He frequently perspires, is stronger, and is gaining strength and flesh daily. Indeed he now is rather fat. As to the specific gravity of his urine, it has diminished from 1035 to 1025.

As strychnine has been used so satisfactorily in this case, I hope that practitioners generally will now try its effects themselves in this or other diseases, with the same object in view. *It is a very curious fact that it should successfully take the place of opium.* The hydrocyanic acid does not at all check the disease. Henbane and hemlock are said by some writers to produce an effect on it, but I have never myself found any great advantage from them. I have known bleeding do great good; and one or two patients of mine in the hospital derived so much benefit from it, and so recovered their flesh, that they were at last all but cured by it, and left the hospital nearly well. Whether, however, the man, who is now under treatment, will get well, I do not know. As he has not been restricted to animal diet, but only allowed as much meat as he desired, and even ate double-allowance of bread,—a *vegetable* substance, and was bled only a few times, I ascribe the improvement to the strychnine, and shall persevere with it for a great length of time. You observe in him, and in all the other patients who are taking it, that it acts very uniformly, and just as well without an acid as with one; and that the pure strychnine acts more powerfully than the sulphate. As in all the other cases, too, it has affected the head, causing vertigo and headach, and though no part is paralyzed with him, it causes catchings of the limbs, just as in paralytic patients, we have the parts not paralyzed catch as well as the paralyzed.

HOPITAL ST. LOUIS, PARIS.

LUXATION OF THE HUMERUS DOWNWARDS AND FORWARDS—REDUCTION BY THE NEW METHOD PROPOSED BY M. MALGAIGNE.†

The entire profession has been struck with the simplicity of the mode of operat-

* He now makes (March 26th) about six or seven.—Rep. L.

† See Lancet's translation of M. Dupuytren's lectures, No. 485.

ing recently revived by M. Malgaigne with so much success. The following recent case of its successful employment fully confirms the advantage of this method.

On the 4th of February, at four p.m., a water porter, named Claverole, ætat. 25, of weak constitution and feeble muscles, presented himself at the Hôpital St. Louis. He was affected with a luxation of the humerus of only an hour's occurrence, and which was occasioned by his horse suddenly rearing up, and descending with his feet on each of Claverole's shoulders with such violence, that the shoulder was thrust out of its cavity, and a severe contusion produced at the corresponding side of the thorax. The state of the patient did not allow any mistake as to the existence of a luxation downwards, which was sufficiently proved by the elongation of the arm, and impossibility of lifting the hand to the head, the depression of the deltoid below the acromion, the separation of the elbow from the body, the projection of the head of the humerus in the hollow of the axilla, and the elevation of the pectoral muscles below the clavicle. The reduction was effected in the following manner:—The patient being seated on a solid chair, the shoulder was fixed by an assistant's hands pressing from above downwards on the acromion. The operator, placed at the outer side, seized in his right-hand the forearm a little below the elbow, and lifted it up gradually on a parallel with the axis of the trunk, exercising at the same time a moderate degree of extension, and pressing with the points of the fingers of the left-hand the head of the humerus in a direction upwards and outwards. The arm had scarcely reached the vertical position, when, almost without effort, and without any suffering on the part of the patient, the head of the bone returned to the articular cavity, with the ordinary noise; the shoulder instantly regained its rotundity, and the patient was able to move his arm. The fractured clavicle bandage was then applied in order to prevent a new displacement.—*Lancette Française.*

ST. GEORGE'S HOSPITAL.

CUT-THROAT—TRACHEOTOMY.—In a case of cut-throat, Mr. Brodie lately remarked, that when he was house-surgeon to the hospital, many cases of cut-throat died without there being any known cause for the fatal event. On the post-mortem examinations of some cases of this nature, he had found that not only the cells of the lungs, but their cellular structure also, were infiltrated with fluid, and he had discovered the same appearance in the lungs of those who had been poisoned, or who had been recovered from drowning. He believed that the fatal termination of cases of cut-throat arose from injury done to the *eighth pair of nerves.* "If you compress the neck of an animal," he observed, "but do not include the trachea in the pressure, the animal does not appear to suffer much inconvenience at the time, but the next day he dies."

"Tracheotomy," Mr. Brodie added, "is shown on the dissecting-table, and on the dead body, to be an easy operation, but on the living subject it is a very different thing. I never lost a patient from the operation, but I once heard of a case that died after it, and on opening the body the bronchi were found to be filled with blood. The French surgeons say, that if you dissect carefully down to the membrane lining the trachea, and divide it, that you will not have any hemorrhage into the tube. Whenever I perform the operation, I always take up the vessels as they are divided. I think it is best to perform the operation with a trocar, and turn it downwards. The patient bears the canula in very well. I generally use an elastic gum-tube. Magendie says, that you may introduce an instrument *downwards* into the trachea, and break down the lungs without exciting coughing, but that if you introduce it upwards, towards the glottis, cough comes on immediately."

*** A HINT TO THE READERS OF THE LANCET.—The most interesting BIOGRAPHIES are composed of a large assemblage of facts. The materials, consequently, require many collaborateurs. Every fact is a material which sustains its weight of superstructure. The entire point of a story is sometimes lost in the absence of a single name, or the omission of one date.

CORRESPONDENTS.

Justitia. A portion of the letter beginning—"I feel assured," &c., shall appear next week, and if our correspondent will favour us with his name confidentially, and will forward other similar papers from the same quarter, he, at any rate, shall not have *reason* to complain of "omissions." He must recollect, however, that much verbosity and desultoriness often distinguish the addresses of the speakers at our medical societies.

All our numerous correspondents requiring answers or notice, shall obtain them next week.

We have received several letters, both confirmatory of and denying the statement of "A Pupil of the Webb-Street School" in our last Number. We have not room to notice them further this week.